DOCUMENT RESUME

ED 221 806 CG 016 233

AUTHOR Peavy, R. Vance
TITLE Counselling Adults for Decision-Making: A Pragmatic Orientation.
INSTITUTION Canadian Commission of Employment and Immigration, Ottawa (Ontario).
PUB DATE [81]
NOTE 249p.

EDRS PRICE MF01/PC10 Plus Postage.
DESCRIPTORS *Adult Counseling; *Adult Development; Case Studies; Communication Skills; *Counseling Techniques; Counselors; *Counselor Training; *Decision Making Skills; *Empathy; Foreign Countries; Higher Education; Pragmatics; Textbooks
IDENTIFIERS *Canada

ABSTRACT

This textbook for counselor trainees examines three key concepts in counseling: empathy, decision-making, and learning. It is intended to be used by counselors working with adults, especially in the area of decision-making skills. The importance of the counselor's direct perception of the client's situation is emphasized along with accurate knowledge of the social contexts in which the client is living. The author provides exercises, especially in the section on empathic listening, which can be used to enhance practical learning. Specific counseling techniques are explained and theoretical considerations of decision-making are discussed. Several case studies are used as examples of the counseling techniques. (JAC)

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Counselling Adults for Decision-making

A Pragmatic Orientation

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Ottawa-Hull, Canada
1981

Disponible en français sous le titre
"Le counselling des adultes en vue de la prise de décisions"

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Preface

The Canada Employment and Immigration Commission requested Dr. Vance Peavy to research, compile and write this text as a part of its work in developing goal-directed employment counselling. Originally it had been planned to use the material as an aid in developing a course on individual counselling. However, the excellence of Dr. Peavy's work has prompted us to print this important book and to make it available to a wider readership.

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1.0 FOREWORD

The goal of becoming a "perfect" counsellor is never to be attained. Counsellor trainees are too naive and impatient, counsellor trainers are too indoctrinated and inept, clients are too diverse and intractable for such an Utopian outcome to ever occur. Nonetheless the improvement of counselling *skills* through practical training and the improvement of how people *think about* counselling through study, research and reflection is both possible and desirable.

While we may not know how to make counselling perfect, we *do* know how to make it better rather than worse by means of study and training. The notion of the "natural" counsellor is largely a myth. Improvement in counselling requires practice — *practice under competent supervision.* Practice alone does not make perfect, it does make permanent! Unfortunately, some individuals who have had much experience (practice), practice the wrong things and merely become permanently incompetent. Guided or supervised practice, as opposed to "doing one's own thing", however, provides a means for observing, documenting, discussing, and evaluating counsellor-trainee change (or lack of change) through the medium of behavioural feedback. The mechanisms of student-instructor feedback in training situations allows one to find out specifically "how I'm doing" and provides a rational and safe means of discussing "how I feel about what I'm doing."

As a person on-the-road-to-become-a-counsellor (or a better counsellor) practical learning can be undertaken in four domains: 1) *concepts* of counselling; 2) *skills and techniques* of counselling; 3) *values and attitudes* connected to counselling; and 4) *extension of consciousness* (awareness) of self, of others and of the environs.

In this book I am attempting to accomplish four goals. First, I wish to convey the extreme importance of being able to listen effectively-especially to use *empathic listening* as the main method for establishing a common understanding with clients. Second, I wish to convey the importance of *decision-*

making both as an organizing process and as a stimulus to specific counselling interventions. Third, I wish to impress upon readers the *educational* nature of counselling. By this I mean that counselling should be based on knowledge of *how people learn* and should not be derived from psychotherapy principles nor from theories of personality. Counselling is a learning, rather than curative, process. The counsellor should act more like a teacher or coach than a therapist. Fourth, I try, in this book, to *bombard* the reader with values and concepts which I believe will help the serious student of counselling to approach various counselling situations with greater degrees of insight and respect for clients together with a greater appreciation of one's own strengths and limitations as a help-intending person.

I have provided numerous exercises, especially in the section on empathic listening, which can be used to enhance practical learning. I have tried to keep references under control so that the reader is not drowned in the veritable "sea of names" which texts often present (a method of trying to ensure "academic" respectability). I have, however, borrowed generously and gratefully from many sources and have so indicated by footnotes contained in the notes and references section (Section 11.0) beginning on page 245.

To repeat, from the perspective underlying this book, three key concepts in counselling are: *empathy*, *decision*, and *learning* and this book is devoted to examining them from various angles.

I have chosen to title this book *COUNSELLING ADULTS FOR DECISION-MAKING: A Pragmatic Orientation* for several reasons. First, the procedures and concepts I have compiled are intended for study and use by counsellors who are counselling with adults, especially with reference to decision-making. Much of the material is clearly unsuited for child counselling although some of the procedures and concepts make sense in the context of counselling with youth.

The word "pragmatic" denotes a "concern with the practical side of anything" - in this case, with counselling. In philosophical thought "pragmatism" refers to an emphasis on the application of ideas or the practical bearings of conceptions and beliefs. To approach a topic pragmatically also means to consider and deal with events in such a manner as to show their interconnection.

The term "orientation" is significant in that one's orientation implies what one values (believes *ought* to be); further, orientation implies what one holds to be true (what is real); and includes the notion of competency. Thus, to use the term "orientation" is to combine belief about what is good, what is true and what is possible into a single, coordinated concept.

Finally, to choose a title such as *COUNSELLING ADULTS FOR DECISION-MAKING: A Pragmatic Orientation* signals a determination to shake off the cramping restraints and misdirection of an approach which is dominated by a particular theoretical (doctrinal) approach. It is my understanding that in counselling one should attempt to be guided more by the direct perception of the client's situation together with accurate knowledge of the social contexts within which the client is living than by one's beliefs about what the role of the counsellor should be or what a favourite counselling theory seems to dictate. Each counselling approach surely has certain principles and procedures which are often useful; and the pragmatic counsellor should have the intelligence and flexibility required to *use* them. However, in my estimation, it is undesirable to permit one's counselling practices to become subject to doctrine and thus lose touch with the *realities of actual life situations. problems, decisions, actions and solutions.*

2.0 INTRODUCTORY REFLECTIONS

2.1 NOTES ON TECHNIQUES

Numerous techniques and specific skills are used in counselling. Role-playing, active listening, clarifying, confronting and expressing feelings are a few typical examples from an almost endless list. Certain skills like empathic listening are common to nearly all "schools" of counselling and are useful in both individual and group counselling. Other techniques, for example, the Gestalt two-chair technique, are used primarily by one counselling approach.

Major growth has occured in counselling and other helping professions in recent years. Different philosophical positions have given rise to new theories which in turn have produced a search for accompanying practical techniques. The number of counsellors has increased. At the same time, a continuous expansion of the number and type of individuals for whom counselling services are requested has occurred.

Since no one counselling technique is found to be appropriate for all clients or is flexible enough to use at the various depths required in counselling, various counselling techniques are a necessity. Research and experimentation has led to new techniques and to an identification of which techniques are most appropriate when using a specific theoritical base with a client in remedial, preventive, or developmental areas. Thus, the counselling profession has developed to the stage where each counsellor can select techniques according to his or her own philosophical base and according to the client's needs. When the counsellor recognizes his or her own limitations in using a wide range of techniques, this enables the counsellor to refer certain clients, seek consultation when working with some clients, request co-counsellor or co-therapist to work with specific clients, or limit one's practice to clients who can be assisted with the competencies one possesses.

The beginning counselling student always suffers from a panic to "get" techniques. As one goes along, one begins to realize that a technique, if it is to be useful, can only develop

out of a base of conceptual understanding, practice, and experimentation. The counsellor armed with a "bag of tricks" but with little conceptual and experiential understanding is more likely to be harmful than helpful. Yet we can easily see that experienced counsellors do employ different techniques and do have an observable "style". A key feature of the style of an experienced, effective counsellor seems to be reaction flexibility. This reaction flexibility is based on the recognition that clients *are* different; they face *different* problems; they react *differently*; they require *different methods* and means of assistance from the counsellor. Thus, the central element of the experienced counsellor's style is an ability to respond differentially - that is, *flexibly*.

Counselling may be thought of as analogous with carpentry. If a carpenter is given one tool, or two, or three, his or her workmanship will improve considerably over the use of his or her bare hands only. The skillful carpenter learns to use many tools well. At the same time he or she learns what the possibilities and characteristics of different woods are. The good carpenter learns what each tool can do, how to use each in a skillful way, when to use each, and what to substitute when a particular tool is not available or will not work. Over a period of time a master carpenter learns to prefer certain tools and may even learn to use them in creative ways unknown to others. Similarly with his or her knowledge of woods. Finally, the tools may become veritable extensions of the carpenter's hands. Now he or she works naturally, highly skilled with tools and with an intimate knowledge of wood.

The counsellor's techniques may be seen as analogous to the carpenter's tools and the client analogous with the wood. The more the counsellor learns about his or her tools and the greater his or her ability to acquire intimate knowledge of clients, the closer the techniques come to being extensions of the counsellor's personality. "Doing what comes naturally" is an art and requires much practice for its attainment. Also, just as nature of the wood determines what can be done by the craftsman, so do the specifics of the client-situation determine what the counsellor can, and should, do with clients. The client always *leads the way*.

Regardless of the theory espoused by an experienced counsellor, each has much in common with other counsellors. A counsellor trainee should be encouraged to imitate or

'model' those tactics which are used by more experienced counsellors. Imitation, practice, experimentation and reflection are the primary learning processes which aid the student counsellor to become more skillful.

In skillful counselling, the counsellor is able to create an "atmosphere" within which interpersonal exchanges may take place. Such exchanges as empathy, clarification, feeling-expression, sharing, exploration, trying-out, confrontation, acceptance, trustfulness, and teaching are the *building-blocks* of effective counselling.

Counselling may be defined as an "invitation to decide". The counselling atmosphere, which is mainly under the control of the counsellor, and counsellors themselves should show a decision-making (problem-solving) orientation.

It is helpful to keep in mind that counselling is a learning process within which specific problem-solving efforts are made. Each of us, counsellor as well as client, lives life as whole cloth even though it may be badly torn at times. We live life wholly, although often with limited self-awareness, and the specific problems which we encounter are events embedded within the context of our life pattern, within the boundaries of our person. Always it is important to listen carefully for the "whole" story rather than getting misled by specific problem-solving. Listening deeply and carefully, recognizing what is being thought, felt and communicated is fundamental in skillful counselling.

I believe that it is extremely important to recognize the mutual and simultaneous importance of feelings *and* thought *and* behaviour. It is easy, but foolish, to over-value or de-value any one element of this *essential trinity*. Counsellors who stress behaviour to the exclusion of thinking and feeling achieve a certain doctrinal purity but lose important aspects of human reality through this exclusion. Those who focus primarily on feelings may only contribute to client dependency and inaction. Those who focus exclusively on cognition (thinking) may unwittingly support ineffectual "explaining" and reinforce clients for confusing sentences and reality.

A counsellor must guard against impatience and a compulsion to move too rapidly in counselling. Of course, a great majority of clients request counselling in the hope that some-

one (the counsellor) will be able to give them quick, sound advice with which their difficulties can at once and for all times be solved. This is a compelling invitation to the novice counsellor to come forth with quick solutions or advice. There is a saying of long standing which may serve as a guideline here: "Give a man a fish and he shall be fed for a day. Teach a man to fish and he shall be fed for a lifetime". Quick answers have a disturbing way of simply becoming part of the problem.

Although difficult for some student counsellors to comprehend, things are, for clients, *the way they see them*. The importance of perception (mental set) in influencing behaviour cannot be overestimated. Perceptions are not necessarily based on logic, nor are they necessarily in accordance with what is called objective truth. There is no denying, however, that each client is governed by his or her perceptions of how things are at this particular time. George Kelley formulated an entire theory of personality and strategy for therapy on this premise. Perceptions do change and it is one of the goals of counselling to exert some influence on the direction of change in perception. It is important to recognize, however, that client-perceptions are not necessarily changed by the counsellor's efforts to persuade, correct or improve what he or she perceives to be faults in the client's perceptual world. The most outspoken advocate of counselling which seeks to correct clients' faulty perceptions is Albert Ellis (See Section 3.6).

Silence is the birthplace of meaning. It is not only necessary to develop a respect for silence in counselling dialogue, one may also come to see that silence produces meaning which does not come to light in the noise of continuous talking. There are many silences. There is the silence of contemplation, of reflection, a deepening of the mental sphere of being. There is the silence of communion, a being together in understanding which is confirming of self and other. Silence may speak a fear, or shock. Then there is the silence of retaliation, the silence that aims to hurt another, or withhold, or get even. The counsellor's explorations in silence are two-fold. To penetrate into one's own well of silence and find a deep footing for facing outward; and to develop a respect and watchful attitude toward the silence of the client.

The following list of eleven approaches (which also might be called techniques) can be utilized in many counselling situations:

1. Create an *atmosphere* which will enable the counsellee to feel free to discuss his or her concerns. The physical surroundings can assist in creating the atmosphere but far more important is the psychological atmosphere created by the counsellor through interaction with the client.
2. Be willing to *listen* (rather than probing) and provide the counsellee an opportunity to present the situation as he or she sees it. Listening is an active, not passive, process. Learn and use empathic listening. Through listening we come by important knowledge of the client, we demonstrate our *concern* for the client, and also gain information about ourselves especially how we are influencing the client.
3. Try to let the individual see that you are genuinely trying to understand his or her feelings. Understanding ideas is often easier than understanding either feelings or nonverbal behaviour. The counsellor must strive to understand all three domains.
4. Keep the focus on how the counsellee *feels* about what has happened to him or her. Often the client only talks about his or her thoughts and opinions but the counsellor must help the client also focus on feelings.
5. *Respect* the counsellee who tries to protect his or her feelings through verbal fumbling or misrepresenting his or her dilemma. What is being shared may be very personal, never revealed before, and may be hard to "face". Respect the counsellee as he or she works through the feelings with you.
6. Make pertinent *reflective*, *clarifying*, *interpretative* or *confrontive* comments as you see fit. The counsellor has many techniques from which to select for purposes of facilitating the client's feeling sharing, value clarification, exploration, or removal of ambivalence.
7. Draw out ideas as to what the counsellee might be able to do by encouraging him or her to present *alternative courses of action* and *examining values involved*. Prior to the decision making process, the

client will want to examine values held by self and possibly others as well as considering what alternatives are available and what the rewards and disadvantages are to each.

8. Help the counsellee to appraise his or her plan of action on the grounds of *feelings* and *reality*. Counselling enables a client to consider more than just the mental processes, it also assists the client in integrating feelings into the process. Instead of separating or isolating these feelings, help the client get these into unison.
9. Allow the counsellee to work out his or her own problem in his or her own way, regardless of what you think should be done. *Be patient*. The client's job is to grow....not merely to obtain information or be told what to do. Include the client in the process and *make growth* rather than problem solving, *the goal*.
10. Try to understand the *role* the client is asking you to play . . . parent, sibling, pal . . . and try to respect the counsellee's need to project upon you. Transference is frequent by the client. Recognize it and know the techniques for handling it.
11. Keep the *counsellee* rather than his or her problems *as the center of the counselling process*. Above all the counsellor must keep in mind the welfare of the client. All techniques and theories utilized by the counsellor are to be directed toward that end.

If you are to be or become a useful counsellor, then it must be the person that you are, not the counsellor-role which is effective. A counsellor's down-fall often comes from an effort to play the *role* of counsellor instead of integrating counselling into his or her own personal framework as a thinking, valuing, deciding, acting person.

The art and science of counselling is an ongoing process. A counselling instructor does expect counsellor-trainees to make mistakes. The instructor also expects you to learn to be a better counsellor today than you were yesterday. One learns from mistakes if one will allow oneself to do so. One rigidifies if he or she feels too strong a need to hide or is afraid of mistakes. A key learning goal for counsellors is to develop a mental set of open flexibility (so one can really see "what is

going on here") based on a wide repertory of counselling insights and skills about which one feels confident and competent, being well assured that other skillful counsellors would concur.

2.2 NOTES ON AN IDEOLOGY OF COUNSELLING

In 1965 Paul Halmos[1]* published *Faith of the Counsellors* written to emphasize that the counsellor's influence on his or her society is in a period of rapid increase, and to suggest that much of the counsellor's positive influence stems from a set of convictions, or *faith*, which determines how he or she is to apply himself or herself toward the solution of human problems.

With the small disclaimer that, in my opinion, his analysis is clearly appropriate in reference to North American and many European societies, while not so apparently valid for non-Western societies, I believe that his point about the importance of the counsellor's moral stance or *ideology* is extremely well-taken.

Counselling, it seems to me, is clearly an *educational activity* based on various principles of learning. Moreover, it is infused with a faith or set of convictions which guide the work of the counsellor. Halmos[2] defines a counsellor as:

> anyone who uses his own personality professionally to bring about changes in the personality of another by modifying another's self-image and perceptions (or by changing another's behaviour). This definition makes no distinction between counselling and psychotherapy, (and casework), and places all forms of personalistic consultation in the rubric of counselling.
>
> (Halmos, 1974, p. 11)

In a slightly different vein, I[3] define counselling as a set of educational activities (learning based) designed to promote a particular process: an (internal) process through which a person:

> arrives at a better *understanding* of himself and his situation, including a *critical evaluation* of his life situation, and performs a *goal directed use of his* possibilities. (Peavy, 1974, p. 5)

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* All reference numbers refer to notes and citations contained in Section 11.0 beginning on page 245.

There are many other definitions of the counsellor and counselling which we might cite. However, these two definitions suggest that, in addition to requiring a set of specialized skills, counselling as process, role, and activity is based on a set of convictions; or, as I prefer to say, based on an ideology.

Wallis[4] (1973) has compiled such an ideology and I will review it with only minor modifications in the following paragraphs:

1. Any individual is of intrinsic worth in himself, as a person. He is to be respected and not manipulated, exploited or used for any purpose. By virtue of his humanity he is entitled to such help and understanding as the counsellor can give him and to be accepted unconditionally, so far as this is possible.
2. Any person has a right to his own feelings and is not to be blamed for having them. Morality attaches to behaviour rather than to emotion. An exploration of what a person feels, in an uncritical atmosphere, helps to affirm his individuality and to clarify the relationships that are important to him.
3. No individual is independent of others. He has rights and obligations and so do they. The equality of his relationships with other people individually and socially is important for his and their well-being.
4. The quality of a person's relationships is not totally subject to rational control - it depends to a large extent on his previous experience of other people and on unconscious influences derived from this. A client's characteristic responses to others will be reflected in his relationship with the counsellor and this provides both of them with an opportunity to understand more fully the limiting factors in his ability to make satisfying and satisfactory relationships with others.
5. The ability of a counsellor to be frank and undefended, uncritical and accepting during the interviews (that is, to shed his white coat) will largely determine how helpful he can be to the client.
6. The aim of counselling is to enhance the individuality of the client, to help him to extend his freedom of

choice and decision while at the same time enlarging his sense of responsibility towards other people.

7. Moral injunction has no useful part in counselling though the moral aspect of any issues concerning the client or his situation need not be excluded from discussion.
8. An uncritical discussion of a person's inner feelings will help him to develop greater control over the ways in which he expresses them or acts on them.
9. The ultimate direction of counselling is towards helping a person to become both freer and more responsible, to live his life more fully, happily and creatively than he could before, and in fuller harmony with those around him.

These nine convictions are not intended as a closed system, nor should any counsellor be expected to assent to all of them. Even acknowledging some dissent about particular principles, they do, in my opinion, comprise an ideology which is commonly held by counsellors pretty much throughout Western society.

One of the primary goals of a training program for counsellors should be to provide learning experiences (discussions, tutorials, role-playing, etc.) which will enable the student to integrate within himself or herself the ideology of counselling and his or her own personal value system. This type of assimilation and integration through personalized learning is essential in the education of the counsellor. It is by such an integration that the counsellor is able to reduce ethical conflict and moral paralysis as he or she gets on with his or her practical work of aiding others in the solution of their life-problems.

My own philosophic or value orientation (both for myself as a person and as a counsellor) is most correctly termed personalistic, and has developed from my own life experience and from my own study of a group of existential writers, especially Emmanuel Mournier.[5]

The personalistic view is that as human beings, we never achieve perfection and conditions are never static. Personalism is an "open adventure". It is not a system but rather describes a certain outlook on human problems. Personalism is an orientation which tries to see persons in all their dimensions: "material, inward and spiritual". It represents an effort

to think about, and encourage, people *as persons*, to defend them from oppression, to rescue them from indifference and anonymity, and to educate them in relationships which can form communities of respecting and respected human beings. The material in this book is not based directly on personalism although I have included certain ideas and practices which are consistent with the personalist perspective. I have elaborated on the personalistic orientation in another essay[6].

2.3 NOTES ON COUNSELLING AND ETHICS

An important area of concern in counselling is: "What set of ethical guidelines should be followed by para-professional helpers' and how can adherence to such guidelines be enforced?" Each helping profession (psychiatry, social work, counselling, psychotherapy) has rather elaborate ethical prescriptions for members of the profession and a mechanism for taking corrective action when ethical principles are transgressed.

One dimension of the considerable social transformation which has been underway in the last ten years in North America and Europe has been the partial "de-mystification" of the professional helper. There is evidence that all helping "experts" are not helpful, that in certain cases individuals with limited training are more effective in helping than (some) highly trained professionals. In some quarters there are concerted efforts to give helping (psychology, psychotherapy, counselling) back to the people. The very great interest in "personal growth", natural healing, peer and lay counselling, and other extra-professional healing modes has added to this de-mystification process.

As more and more lay people with limited training perform "helping" functions, professionals understandably express various concerns. Some concerns seem to be motivated by fear of economic competition and loss of status. Others have a somewhat more genuine root in concern for the welfare of the individual and society. I believe that ethics is one such concern. While most helping professionals are careful to follow ethical precepts, I am persuaded that some helping professionals are ignorant of ethical precepts, others are opportunists, and a few are out-and-out charlatans. However, in most cases there are means of correcting gross ethical violations which occur within the context of professional practice.

While I personally am on the side of those who are trying to de-mystify the role of the helper and I certainly do not believe professional status *guarantees* either effective helping or ethical behaviour, I regard the issue of ethics and the para-professional helper as an important one. The para-professional helper, like the professional helper, is faced with a wide range of ethical dilemmas. At this time I believe that open discussion is the best tactic for examining ethics and the para-professional helper. The following statements in the form of prescriptions to the counsellor are intended to identify key ethical considerations for the para-professional.

***Regarding procedure*:**

1. Keep time commitments (meetings, appointments) made with helpees.
2. Keep notes, written materials, records up-to-date and secure.
3. Read notes, listen to tapes, etc., for your *own* helpees only.

   In other words, don't snoop.

Regarding *confidentiality*:

1. When calling a helpee at home and finding that he/she is not at home, leave only your first name and do not reveal the nature of your business. (School counsellors may have difficulty with this principle.)
2. If you run into a helpee at a social event, do not acknowledge the helping relationship unless the helpee does so first.
3. Don't talk about helpees outside of the helping environment (office, class, group meeting, etc.) to anyone, even a trusted friend. (Most of all, do not gossip about helpees in the coffee room or at the pub.)

Regarding *drugs* (including alcohol):

1. Never counsel or help when drinking or doping yourself.
2. Don't do illegal or addictive things with clients, like taking drugs or drinking together.
3. Discourage clients from coming to a helping session (interview, group sessions) while high on drugs or under the influence of alcohol.

Regarding *(para)professionalism*:
(Issue of technical competence)

1. Recognize and respect your own limits. When in doubt ask someone with more competence for help.
2. Don't question or criticize an associate's abilities behind his/her back, especially before a helpee.
3. Ask your supervisor for help when a helpee reports criminal activity or actions which endanger his or her own or another's life.

Regarding the helping *relationship*:

1. Be honest, especially about your own values, but don't impose your values on the helpee.
2. Treat helpees with respect, don't try to pull rank.
3. Don't launch personal attacks on helpees.
4. Give helpee's needs priority. Know whose needs (yours or helpee's) are being met. Don't let a helpee get, or remain, over-dependent. Letting someone develop or keep a strong dependency on you is definitely *not* helpful to them.
5. Have no sex with helpees. Feelings are OK but not sexual behaviour.
6. Be clear about the difference between helping relationships and friendship. Don't counsel friends or relatives, refer them.

The prescriptive statements above were originally developed by non-professionals who were being trained as helpers. In fact the principles closely parallel ethical guidelines developed by professional helping organizations (CGCA, CUCA, CPA, etc.).

2.4 COUNSELLING: NINETEEN MEDITATIONS

I

Counselling is quite often, although not always, a process or method used by one person (the counsellor) to assist or enable other people (clients) to *choose*, *make up their mind*, or *decide* about something of importance in their lives. For example, through counselling one may be helped to decide whether or not to take a particular job, or choose whether or not to have elective surgery, or whether or not to separate from one's spouse.

II

Moreover, counselling is a process for identifying those *alternatives* in self-understanding and courses of action which are open to the counsellee as well as determining which alternatives are *not open*.

III

For some counsellees, the process of counselling provides learning conditions which enable the counsellee to *learn* a concept, attitude, or behaviour that is necessary to carry out an alternative which has been decided upon, but which is missing from the counsellee's conceptual, valuational or behavioural repertories.

IV

Counselling is a process of reciprocal influence. With regard to the counsellee, the counselling process is designed to influence voluntary decision-making and behaviour change. Counselling *does not* include the influencing of client behaviour and learning by admonishment, threat, or compelling (either physical or mental) by the counsellor. Counsellors should not forget that they too are influenced by their clients. Counselling is a dialectical process; if not, it is not counselling.

V

Counselling is a process by which a client is helped to feel and act in a more personally satisfying manner with respect to himself or herself, to other people and his or her environment. Through counselling a client should be able to increase his or her coping ability. Further, counselling should assist the client to establish *personal meaning* for his or her behaviour. This is frequently done by developing and clarifying a *set of goals* together with a *feasible plan* for moving toward attainable goals.

VI

The principal activity in counselling is *conversation between counsellor and client*. Counselling conversations have distinctive characteristics which make them different from other conversations such as *social* conversations, *instructional* conversations or *interrogations*. Counselling conversations should be conducted with the maximum *privacy* and *confidentiality* which is attainable in the counselling setting. Whereas the purpose of an instructional conversation is to impart ideas, directions, information and advice, and the purpose of interrogation is to get and confirm information, the primary

purpose of counselling conversation is to develop understanding and to set the stage for decision. In the counselling conversation both client and counsellor attempt to see "how things really are" with respect to the client's reasons for seeking counselling. A counselling conversation, at its best, shows the characteristics of genuine dialogue. This means that the communication which passes back and forth between counsellor and client is sincere, reliable, clarified, meaningful, directly addressed to the problem under discussion, and always aimed at the goal of clarified understanding. In a genuine dialogue both persons are involved, the communication is two-way, listening is the key tool and a high degree of *interpersonal sensitivity* is supported by the counsellor. In a counselling conversation, the counsellor is expected to demonstrate a high degree of interpersonal sensitivity including both good listening capacity and effective expression ability. Further, the counsellor should reinforce these skills in the client and, if necessary, teach the client skills of listening and expression, the lack of which inhibits further counselling procedures such as decision-making and problem-solving.

VII

Most client progress (in developing insight, clarifying alternatives, sorting out feelings, making decisions and replacing ineffective ideas and behaviours with more useful ones,) *takes place within the counselling relationship*. The relationship between client and counsellor is built up from the specific messages which flow back and forth in the counselling conversation. Each message is a building block. Actually each message performs one of four functions: it acts to *build* the relationship; it acts to *maintain* the relationship; it acts to *deteriorate* the relationship; or it acts to *terminate* the relationship.

VIII

The word "counsellor" usually is preceded by a qualifying term to designate a particular specialty, or at least, to indicate the setting in which the counselling occurs or the type of clients seen by the counsellor in that specific setting. Thus one finds such designations as career counsellor, employment counsellor, school counsellor, marriage and family counsellor, community counsellor, public offender counsellor, rehabilitation counsellor, mental health counsellor,

geriatric counsellor, leisure counsellor, life-style counsellor, patient counsellor, drug and alcohol counsellor, and others.

Regardless of the setting or specialty all counsellors use certain common (generic) skills. The most important of those common skills are the conversational skills of *empathic listening* and *effective expression* since those are the primary relationship-building tools. It is incumbent upon *all* counsellors that they be able to initiate and maintain counselling relationships with prominent qualities of sincerity, directness, encouragement, respect, and problem-solving orientation.

IX

There are a great many types of relationships. A teacher tries to build a relationship with pupils which will permit him or her to *instruct* and the pupils to *learn*. A guard establishes a relationship with a prisoner which will enable him or her to remain *in control* at all times. Friends maintain relationships to be able to share common interests, exchange affection, feel accepted, and perhaps most importantly, *to give and get emotional support*. The counselling relationship is an enabling relationship. Purposes of the counselling relationship include enabling the client to *act* so as to achieve a goal or meet a need; to *choose* or *decide*; to develop *insight* into self, interpersonal relations, or objective situation; to a[illegible] a behaviour or skill; to learn concepts; or to review and clarify values, commitments and attitudes.

X

What is meant by enabling? The dictionary defines enabling as to give power, strength or competency so that the one in question can overcome some difficulty. Frequently what the counsellor does is to establish the conditions necessary for the client to learn a concept, principle or behaviour which is missing from his or her life-skills repertory and the absence of which contributes to the client's difficulty. An example is the individual who repeatedly loses his or her job because he or she does not follow instructions satisfactorily. What actually happens is that he or she does not follow the instructions satisfactorily because he or she does not understand them to begin with but *does not know how* to request further explanation. Interrupting this self-defeating pattern of behaviour will require that the client *learn how* to request instruction clarification and explanation.

The *conditions for learning* are, in most cases, the actual counselling relationship. If the relationship is sincere, reliable, free from coercion, respectful, and oriented toward clarification and enabling, then the necessary conditions for client learning are pretty much established.

XI

A thumbnail sketch of counselling:

a) Through training, a counsellor develops two abilities: an ability to listen with empathy; and an ability to express ideas and feelings in a clear direct manner. These skills enable the counsellor to act *sensitively* toward the client as a person, as well as toward the client's life-situation and particular problem.

b) By using this sensitivity in conversation with the client, the counsellor establishes (in varying degrees according to the disposition of the client, the nature of the problems presented and suitability of the context for counselling) a *counselling relationship*.

c) Once a counselling relationship is established (which is the same thing as saying "once the necessary conditions for a person's learning have been established") then the counsellor can initiate various counselling procedures or interventions which are deemed useful to the client-counsellor team in solving client problems.

XII

How is the counsellor to know another person? As a starting point the counsellor can recognize that each person is:

a) like *all* other people (universal norms)

b) like *some* other people (group norms)

c) like *no* other people (idiodynamic norms)

When we say that Jack is tall, or fat, or cheerful, or that he has test scores at the 40th percentile we are usually comparing him with the general population of human beings which we have known (or measured). Thus, we can say that Jack is about average or below or above average by so many points or inches or kilograms. If we are using a test and Jack is a member of a specific ethnic or cultural group then we would not compare Jack to a universal norm, but rather to the

norms of his group. Thus, if Jack is a Chinese immigrant, then we would not compare him with people in general on an I.Q. test or against Caucasians born in this country, not even with Canadians born in Canada but with Chinese immigrant parents.

Yet we know that certain features of Jack are not shared exactly with any other person in the universe. While Jack has many attributes characteristic of universal human-kind and many features in common with specific reference groups of which he is a member, Jack is really an inter-weaving of all three: universal, group and individual, unique characteristics. Jack, as a personality, is not three separate systems, but only one - the person he is. *The organization of the individual person* is first, last, and all the time a basic fact of human nature. Not only is the organization of each life a unique pattern, but more importantly for counselling, the manner in which Jack *interprets the meaning* of his life is indisputably unique.

XIII

Counselling is devoted directly to the dilemma of the individual and must therefore, be seriously concerned with understanding the way in which an individual organizes his life-world and how he or she interprets it (gives it meaning). We cannot get a clear and close understanding of how Jack (this particular person) interprets his world by comparing Jack to others. We must, instead, use methods which will help us to gain an understanding of Jack by direct study and contact with Jack. We can only find out how Jack "means" his situation, how he feels about his situation, and how he conceptualizes his world by attempting to enter directly and imaginatively into Jack's life-situation.

XIV

To develop an understanding of another person, it is necessary to begin by *listening* carefully and deeply to what the other person is saying, and how the words are being expressed. Much everyday listening is *trivial and manipulative*. Jill listens only long enough to find the break in Jack's conversation where she can insert her own opinion. Thus, much of what passes for listening is little more than waiting for the speaker to stop so that one can take over the speaking role. Also, a great deal of listening is inaccurate. Jack does

not hear what Jill is saying, but rather he hears what he *wishes or expects* Jill to say. Communication within counselling becomes genuine when "you realize that my language is me, and you receive not merely the words that I say but *receive my* world into yours".

XV

By listening carefully to another and then telling him what we hear, we undertake a process of clarification. This is what Chekhow meant when he wrote "Man will become better when you show him what he is like".

XVI

The kind of listening which is most useful in counselling is called *empathic listening*. There are, of course, many different types of listening. A lawyer listens to find holes in his opponent's arguments. A teacher listens to a pupil's recitation in order to find out whether or not the pupil has grasped certain ideas or information. A loan officer listens to get accurate and necessary information from a loan applicant. A priest listens so that confessors can purge themselves of evil thoughts and remembered deeds. Each of these types of listening is useful in the appropriate situation; yet each is different according to the *purpose* of the listener.

XVII

In a counselling conversation the first purpose of listening is to enable the counsellor to gain a receptive and accurate *understanding* of the speaker's feelings and ideas. In other words, the counsellor listens in order to enter as fully as possible into the meaning of the other person's situation and to do this in such a manner that the client's meaning is neither denied nor distorted. Rather, the aim is to clarify and expand the client's meaning. The *second* purpose of empathic listening in a counselling conversation is to provide a basis for the counsellor to be able to demonstrate to the client that he or she has indeed listened accurately. Thus, listening is more than just (passive) listening; it includes replying in such a way that confirms to both client and counsellor that the counsellor has accurately heard the client's meaning-message.

XVIII

Empathy may be defined as the ability to understand the ideas, feelings and life-situation of another person. Such

understanding is gained mainly through listening; however, in addition to listening, empathy is also based on careful visual observation and familiarity with personal, social and cultural experiences similar to those which a client is attempting to express. Further, empathy stems from a fundamental assumption that it is desirable to *understand* another person. In other words, the person who attempts to listen empathically will likely be more successful if he or she also values *receptivity*, *respect*, *caring*, and *human understanding*. These four values can be united into an *attitude* of *compassion*. Compassion refers to a state of being in which one person manifests a deep feeling and understanding for the difficulties of another (or others); a sense of the personal suffering and tragedy of another (or others) together with a selfless tenderness toward others and a concomitant desire to promote alleviation of others' misery and difficulties.

Empathic orientation, then, includes the ability to listen, the ability to observe, the ability to withhold one's own egoistic impulses to judge, correct or contradict the speaker, the ability to express clearly what has been heard, and the ability to recognize the social and cultural influences in the speaker even though they may differ markedly from the social and cultural influences which the listener is subject to. Finally, the capacity to listen with a high quality of understanding rests upon the basic assumption of the attitude or value of compassion.

XIX

The key which unlocks a person's talents as a useful helper or counsellor is empathic listening. It is not too extreme a statement to say that if a counsellor cannot achieve at least a degree of empathic understanding of the other person and the other person's life-situation, then there is no reliable basis for helping. Of course, the amount of time which is available for the counsellor to achieve on empathic understanding of the other's situation varies greatly. In a crisis situation, there may be no more than a few minutes to achieve an understanding upon which to take action. In psychoanalysis, years are sometimes devoted to the attainment of a full understanding of a client. In most practical counselling situations, the skillful counsellor will be able to achieve a surprisingly good understanding of the other in a very short time — often within one counselling interview through skillful use of empathy.

3.0 ADULT COUNSELLING: A DISCUSSION

3.1 A FRAMEWORK FOR COUNSELLING ADULTS

Although just now emerging as a distinct counselling orientation, *adult counselling* is significant in at least six areas of individual adaptation: (1) career/vocational/employment; (2) educational/training; (3) rehabilitation; (4) retirement; (5) personal (including marriage, family, loneliness, loss and age-related changes); and (6) life-style change. Of course, these six areas often over-lap in the life of a given individual. For example, a person who seeks *employment* may also have to undergo *retraining* for an entirely different type of career than pursued in the past. Such a retraining and career change will frequently have repercussions in the personal realm of marriage or family. Further, even a modification of life-style may be initiated by events or changes in one of the other five areas.

According to the perspective of this book, adult counselling is an educational process which attempts, on the level of individuals, to aid the people to change and to adapt to change, so that the results include more satisfying decisions, more successful problem-solving - in short, better adaptation to a variety of real life situations. The counsellor, as a "change specialist" is definitely a product of the complex, technological society which is described as "late industrial" or "early post industrial". Under the influence of such socio-cultural process as urbanization, mechanization, planetary communication and travel systems, together with the deterioration of conventional value systems, more and more people find themselves in complex life situations where decision-making is difficult and where maintaining a stable and rewarding life-style is even more difficult. Within this context, then, it does not seem extravagant to suggest that adult counselling - as a deliberate change-guiding process - promises to play an increasingly crucial role in the struggle of many people to

achieve a sense of component personal identity and conditions of social and material sufficiency.

Some Assumptions Underlying the Perspective of this Book

Assumption Number 1: *Adult counselling is a developing, diverse endeavor, not yet completely conceptualized.*

As I worked on this book, I worked from the assumption that it was beyond the scope of my efforts to draw up a "complete picture" or exhaustive treatise on adult counselling. Nor did I wish to gather together what every other writer and researcher has said so far about adult counselling and present it as "the latest word", I have tried to restrain any impulse I had to place the material of this book in a standard "textbook" format. Instead, I have 1) tried to present certain critical issues and ideas about adult counselling which may provoke thought and discussion and lead the reader to become engaged with the material of the book, and 2) I have tried to present a large amount of practical training material so that the reader alone or in consort with class members might directly learn some key skills for effective adult counselling.

Assumption Number 2: *A key concept in adult counselling is the concept of self, as well as misconceptions of self.*

Adult counselling, as a distinct orientation, is addressed to more aspects of the individual's life than just career, vocation, and employment decision-making. However, in all applications, adult counselling is (or should be) an activity which recognizes, guides, supports, and stimulates the *self-formation* of the individual.

Adult counselling, no matter what guise taken, nor what type of problem addressed, should be directed toward building or supporting the individual's sense of self-esteem, toward aiding the individual to establish at least a little more control over his or her life. There is a biblical parable that if you meet a hungry man and you give him a fish, he is not hungry for that day. But if you teach him to fish, then he will be able to feed himself each day thereafter. Adult counselling should be construed as an activity by means of which people are taught to fish.

One of the assets of D.Super's[1] (1957) model of career development is that it is a creative attempt to integrate self formation with knowledge of career patterns:

> Vocational guidance is the process of helping a person to develop and accept an integrated and adequate picture of himself and of his role in the world of work, to test this concept against reality, with satisfaction to himself and benefit to society. (Super, 1957, 196-197).

In taking a job or choosing a career the individual is implementing a particular self-concept. Every condition of being employed or being unemployed, of deciding on a job or career path has the power to either build or negate, confirm or disconfirm, the person's sense of self. From this perspective, the *person* of the client is always at stake. Thus, all counselling, including employment or vocationally-oriented counselling is also *personal* counselling.

Assumption Number 3: *Adult counselling (especially career counselling) is a developing activity in many parts of the world.*

Canada can both learn from a study of what other countries are doing in the field of adult counselling and exercise a measure of leadership as well.

Adult counselling, in Canada as well as in many other countries, is an integral part of the extension of education and training to an even greater portion of the adult population. Lower[2] (1975) has singled out three international trends in adult education which support this assertion: (1) tailoring education and training to fit the needs of individuals; (2) making education and training available to an ever greater range and variety of adult students; and (3) identifying target groups and individuals for training and education. These trends create a demand for efficient and extensive adult counselling services.

To date, only a few institutions provide counselling services to adults. However, the picture is changing (Ironside and Jacobs, 1977)[3]. In Sweden a national advisory telephone service on education and training is available day and night and person-to-person advice and counselling is available at many centers at specific times. Two years ago I visited with the Swiss Counsellors Association at their annual conference

in Zurich. Each Canton in Switzerland maintains at least one educational and vocational counselling center staffed by trained counsellors including a psychologically trained director. The centers serve clients from junior secondary age through adult and are not directly under the aegis of other institutions. Each center provides education/training, vocational/career, and life adaptation counselling and is under a national funding authority. In Greece, legislation has recently initiated a national vocational guidance effort. A recent World Congress on Counselling was primarily devoted to vocational counselling, both youth and adult.

Assumption Number 4: *Client access to pertinent, up-to-date vocational/occupational information is only possible through the use of computer technology.*

Yet such a system is always in danger of being overly constrained by the institution which supports it. The 1972 *Learning Society Report* published by the Ontario Ministry of Government Services argued for a challenging and new approach to career planning. A major need which was stressed in the report was the creation of a centralized information system which would gather and distribute information on education, training and jobs to all persons seeking such information. (The *promise* of such a system seems to be contained in CHOICES). Incidently, the authors of the report went on to emphasize that the perplexingly complicated world of occupational and educational choice might be served better in part by information and counselling services *free of institutional connections*. Institutions have their own axes to grind. Secondary schools are concerned with *retaining* students. Universities and Colleges are mainly concerned with *recruitment* of students and CEIC agencies are mainly concerned with *allocation* of the unemployed to conditions of employment, or training, or unemployment insurance compensation. A technology should serve the needs of individuals as well as the needs of the host institutions.

Assumption Number 5: *Counselling must attend to different realities.*

Adult counselling is carried out in the context of three different but overlapping realities. Each reality should be kept in mind, at least to a degree, even though one or the other may predominate at any given time in the counsellor's work.

The first reality which the counsellor must take account of is the *socio-cultural* reality. Economic conditions, political directives, institutional needs and constraints, population distribution, factors of age, social class, sex, ethnic membership, and legislation (either restrictive or enabling) all form the socio-cultural reality which acts to set the limits for *decision-making and choice*. For example, no type of counselling, even the most effective, can enable one hundred job-seekers to find employment from a total pool of fifty jobs.

A second reality to which the counsellor should attend is the *interactional* reality. This is the context for decision-making and is the psychological soil from which choices about careers are made. Family interactions, training (learning) interactions, friendship patterns, and work interactions all combine to give direction and motivation to the individual's choice-making, not only about vocation but many other aspects of life as well, such as marriage, leisure, health and adaptation to norms and laws.

The third, and perhaps the most important reality for counsellors to take account of, is the *formation of the individual's inner sense of self*. This is *where* the person experiences satisfactions and dissatisfactions. Society sets the limits of choice, interactions form the context for choosing, and the inner sense of self is the crucible within which choices, both good and bad, are forged.

The three realities: socio-cultural, interactional, and self establish three major functions for the counsellor. One major function of the counsellor is the initiation of change in socio-cultural reality through the *use of advocacy and social action*. A second function is the *use by counsellors of interactional patterns*, especially group learning patterns such as teaching, orienting and training to develop the basis for sustainable choices. EOW is a good example of the use of group learning for counselling purposes.

The third function of the counsellor is *working directly with individuals through interviewing*. This is the function which is traditionally identified with counselling.

The adult counsellor as social activist may lobby for various policies, organize pressure groups, initiate court action, publicize legislation, and engage in action-oriented research. Needless to say, this function is not attractive to all counsellors. Further, an institution may place strong restraints

on the social-activist inclinations of counsellors who are in the employ of that institution.

Increasingly, counsellors are using interaction strategies to pursue counselling goals. Many clients simply do not know how to perform the skills necessary to work effectively, or relate effectively, or learn effectively. What many clients need is the opportunity to learn to do what they are unable to do. Thus, counselling, in order to meet the needs of such individuals, necessarily becomes concerned with work orientation (as in BJRI and EOW), training (as in BTSD or vocational classes) and in social and personal coping (as in work assessment-life skill programs).

Having presented the above assumptions, I will now proceed to a working definition for adult counselling.

A Working Definition of Adult Counselling

All counselling, including adult counselling, should be conceptualized as an *educational activity*. The strategies of effective adult counselling are based on principles of learning and development. To be an effective adult counsellor requires that one have some knowledge of *adult development* - that is, knowledge of *how adults learn*, *cope with* and *adapt to* various aspects of their life-situation.

Adult counselling should be clearly disassociated from the medical model and medical terminology. For the past half century, conceptual distinctions between biochemically mediated and socially and interpersonally mediated determinants of unsatisfying or unsuccessful behaviour and life-styles have been badly blurred.

Unless a person (client) is suffering from a biochemical deficit or imbalance, then he is no more sick than someone who wants to type and doesn't know how. The counsellor is no more "curing" his or her client than the typing teacher is "curing" students.

Individuals (clients) may indeed have learning deficits and thus not know how to do this or that task, may not know how to relate well to other people, may not know how to learn effectively and may even have learned a very deficient concept of themselves, but having learning deficits does not make them "sick", neurotic, or grist for the "clinical mill". Even unsatisfying relationships usually indicate learning deficits rather than signalling neurosis.

Counsellors should *not* aim to cure clients, nor even help them to become "better" people. Rather, they should *aid clients to change in order to achieve some learning objective of the client, or of the counsellor, or both.*

When counsellors see their role clearly as educators, they are in a better position to promote meaningful benefits to individual clients, and to clients of more types, than when they view themselves as therapists or gurus who cure people. Incidently, a great deal more is known about educating than is known about curing.

So what can we use as a working definition for counselling? I suggest the following[4]. Adult counselling is an educational activity through which a counsellor assists a client to:

(1) develop an *understanding* of self and life situation;

(2) develop a *critical evaluation* of self and life situation; and

(3) undertake a conscious and *goal-directed use of one's possibilities* within one's life-situation.

There is always a need to understand one's self or life situation *before* attempting to alter *either*. Within the context of counselling, understanding should be achieved mutually between client and counsellor as far as possible. They should cooperate and confirm to one another that they share a common understanding of the client's life situation, especially the problematic aspects.

From a counselling perspective, *understanding* has at least three important elements. First, it means to show *empathy*, that is, to "feel" one's way into the shoes of another. Second, it means compassion, to display a sympathetic recognition of the client's existential circumstance; especially the client's distress together with a genuine desire to *reduce* such distress. Third, understanding implies *honesty*. Honesty is important because it is a necessary condition for the attainment of many other goals. When other people are honest with us we are better able to predict what they will do. Being able to predict what others will do is the basis for feeling in control of our life situation. For most people, to be told a lie or to experience another's evasion is infuriating. To be seen as evasive or dishonest greatly reduces a counsellor's chances of being effective and largely removes the possibility of genuine understanding between counsellor and client.

However, it is seldom enough just to gain an understanding of the life situation. It remains to develop a critical attitude toward it: to assess, appraise, consider alternatives, and to define what is satisfying and what is not. The counsellor is able to assist the client in making a critical evaluation by questioning, by confronting, by listening carefully and then telling the client what has been heard (or not heard, as the case may be), by giving tests and by arranging for the client to try-out in training, work and assessment situations. One of the elements in a critical evaluation is clarification of alternatives. Another important element is identification of strengths and weaknesses, a third is defining environmental or situational contingencies and limits.

Yet understanding and critical evaluation together are still not enough. The most important consequence of achieving these two objectives is to be able *to make a goal-directed use of one's possibility(ies) in a given life situation.* To decide, to initiate a plan of action, to undertake a learning project, to start a job, to begin training, to try out a new behaviour, all imply making a goal-directed use of one's possibilities within one's life situation.

The Counselling of Sue Steelwood

The following short example of counselling is a composite case to illustrate, in simple terms, how the adult counsellor implements the definition of counselling outlined in the preceding paragraphs.

> Sue Steelwood is a 43 year old mother of two teenagers, separated for the past three years from her husband. She is an intelligent and shy woman who had worked before getting married and has had several short periods of employment since separating. She lives in a small town some distance away from the adult counselling service but has, upon the advice of a friend, called for an appointment with a counsellor.
>
> Sue appears for her first talk with the counsellor, Mary Ellen, whose special interest is in counselling with adults who are in the process of adapting to mid-life crises and transformation. Mary Ellen is a friendly, straight-forward person, who is clearly skillful in providing an atmosphere of interest, respect and clarification. The interview passes quickly and is spent in reviewing and identifying some of the main issues (life situation) which has brought Sue to

counselling. These include: Sue's lack of experience and shyness about job-hunting; Sue's tendency to regard herself as already "old" at 43 (age-bias); the lack of clear goals about what Sue wants for herself as a person, what to do about her status as a separatee - whether to seek divorce or what? How to get more education - if that is what she wants or if that would improve her employability. At the close of the first interview, Mary Ellen suggests that Sue gather together her records of past schooling before coming to the next interview, asks her to complete a short written comment on "Who I am now and Who I would like to be", and gives her the telephone number of the leader of a local Women's Resources Group.

The second and third interviews are further exploration and discussion of the implications of Sue's responses to the "Who I am and Who I would like to be" assignment. Out of these discussions some important issues are identified. First, Sue is satisfied with her present relationship with her children (who live with her). Second, she is receiving child support and is able to supplement that with part-time work on her own, so that her current financial situation, while just adequate under careful budgeting, is not desperate. Third, her husband has recently commented that he is getting fed up with making support payments so that her financial circumstances could quickly become desperate. Sue does not like feeling vulnerable and subject to the whim of a man she no longer loves or considers her husband. Sue is beginning to develop some picture of the person she would like to be and that is something like:

> *Continued closeness with her children. Able to have friendships with other women and with men and not be subject to threats of non-support from her (ex) husband. More-outgoing and confident about herself in the area of job seeking and holding. Develop her own interests and talents, especially in the area of art and craft activities (painting, knitting, ceramics, etc.). Come to a point of being able to feel confident about being financially and emotionally independent and successful.*

The next two interviews are more about *what to do*. Sue seeks legal advice from a lawyer about her status as a

separatee and about divorce. She has now become a regular attender of the Resources for Women's Group.

With Mary Ellen's help she has developed a tentative plan for further education which would use her experience as a successful mother, allow her to develop her artistic abilities and would start her on the way to a more solid financial base. The decision she has made which would allow these factors to come into play is to consider further education in a pre-school supervisor program at a nearby college. Sue has discovered that some of the schooling which she had before marriage will help her gain entry to the program. She is very confident about herself in working with children, and, at least at this point, thinks that this type of work would fit in with the "Person I would like to be" and alternative methods of financing herself for such a learning project, taking into account that her husband may withdraw support.

In the weeks that follow, Sue has several talks with the director of the Pre-School Education Program, talks with her lawyer, files for divorce, and locates a part-time job in the community where the college is located. Six months later, she has moved, found a place to live, has her children in their new school and is herself taking classes and working. She continues to be a member of the Women's Group where she gets good emotional support for the changes she is undertaking in her life.

The counselling of Sue Steelwood covered a period of six months and required about eight interviews with an adult counsellor. The effectiveness of the counselling was, at least in part, dependent upon a counsellor who:

(1) understood the life situations and psychology of adults;
(2) had well developed interviewing skills;
(3) knew about community resources, and was able to provide useful information;
(4) was aware of age-bias and age-stereotyping;
(5) knew the value of belonging to a supportive small group.

With these skills the counsellor was able to help Sue Steelwood progress:

to a better understanding of herself and her situation,
to a critical evaluation of her life situation, and
to a conscious and goal-directed use of her possibilities.

3.2 KNOWLEDGE OF ADULT DEVELOPMENT: SIGNIFICANCE FOR COUNSELLORS

Aries[1] (1962) has argued that it was not until the seventeenth and eighteenth centuries in Western society that a discernible period which could be called *childhood* made its appearance. The main determinants of childhood seem to be the growth of industrialization, the emergence of a middle class and the development of formal educational institutions. The concept of *adolescence* was born with Rousseau's *Emile* first published in 1762. However, adolescence as it is now known did not become a reality until the last part of the nineteen and first part of the twentieth century (Gillis, 1974)[2]. The period of life called *youth* has only appeared in the last few decades as the transition from childhood to adulthood has become a free-choice period for increasing numbers of individuals between secondary school and first job or marriage (Keniston, 1970)[3].

Incredibly, we are only now, in the final quarter of the twentieth century, entering upon the *century of the adult* insofar as systematic knowledge of adult development, coping, adaptation and learning are concerned. Until very recently adults have been viewed in simplistic and undifferentiated ways. Little notice has been given to the manner in which they differ from one another and from youth and children. Far too many of our ideas about adulthood have been based on stereotypical thinking, lack of data, prejudice and mistaken inference from knowledge of child psychology. The lack of an informed perspective on adulthood is especially unfortunate in an activity like counselling.

It is far beyond the scope of this study to review the state of adult psychology. Rather, I will present several topics which I believe are especially representative of the knowledge of adult development which is important for the counsellor to be conversant with.

Topic I: Differentiated Post-Retirement Adaptation

In a study of men and women in their seventies who had above average income, health and well-being, Neugarten, Havighurst and Tobin (1968)[4] identified life-style patterns which reflected relationships between personality, role activity, and life satisfaction.

Individuals whose pattern showed them to be well integrated, and who had high degrees of role activity and life satisfaction were called *reorganizers*.

Reorganizers functioned well, were mentally competent, and had an intact *sense of self*. They stayed well and "young" by staying active. When they lost roles or activities such as work, they reorganized their life situation by devoting more time to community or church groups.

A second pattern consisted of good integration and high life satisfaction but low role activity — the *disengaged*. These people had withdrawn from role activity, including work, from preference and not as a result of loss, physical disability or coercion. They had a *strong sense of self-esteem*. They were socially withdrawn but personally contented.

A third pattern was *holding-on* — people who warded off fears brought on by age by rigidly maintaining middle-aged activities and attitudes as much as possible. They were reasonably successful in maintaining high levels of role activity and life satisfaction but tended to have a guarded rather than a strong sense of self.

A fourth pattern was identified as *constricting*. These persons structured their lives so as to minimize newness, change and difficult demands where they felt they might not be able to cope. By restricting social interaction and insulating themselves from experience, they were able to maintain at least moderate levels of life satisfaction.

Other patterns indicated strong passivity and personality disintegration. Except in the cases of major health or social disruptions, patterns of aging life-styles were rather consistent with long-standing life-styles. When life situation pressures were either very weak or very strong, many people failed to maintain adaptive behaviour and tended to experience negative self-feelings and engage in maladaptive behaviour.

Knowledge of alternative possibilities for adaptation to aging such as those described above would seem to be of the utmost importance for counsellors of adults to have. Such knowledge emphasizes the need to differentiate carefully between individual life-styles even among people in their seventies and eighties. We certainly need to divest ourselves of such trite formulations as "golden agers", "senior citizens", the "elderly", at least as explanatory or descriptive

concepts. Such concepts gloss over much more than they reveal about individual self, needs and behaviour.

Topic II: Reactions to Crisis

Research in adult development suggests that it is not so much the predictable events of one's life that create difficulty as the *unpredictable*. Sudden illness, loss, unexpected unemployment, imprisonment, injury, unwanted pregnancy, winning a sweepstake, — such change events are strongly self-impinging and frequently produce a condition of personal crisis. To some extent, *crisis* seems to be the hallmark of a good deal of adult life. Not only are there the crises brought on by the unpredicted change events in one's life situation, but there are the more far-reaching change events - for example, role transformation such as from "parent of children" to "no-longer-parent" or "working" to "retired", or "single" to "married" (or reverse).

Individuals employ many different adaptation strategies in the midst of crisis and the adult counsellor should be quick to spot different adaptation patterns. An adaptation strategy becomes apparent when an individual first initiates some efforts to adapt to the crisis condition and ends with a resolution of the crisis condition (some crises seem to be unending or chronic). Adaptive strategies vary in their degree of activity, self-direction and effectiveness. Six ways[5] in which adults try to adapt to crisis are:

1. *Frantic activity*. Racing from one alternative to another with little or no sign of planning or contemplation. Trial and error behaviour in the extreme. Behaviour which an effective counsellor will try to reduce.
2. *Action*. Characterized at the highest level of effectiveness by the deliberate implementation of a considered or habitually useful plan. This is a type of reaction that the counsellor hopes will result from understanding and critical evaluation of the client's life situation and clarification of alternatives.
3. *Education activity*. Attempt to ameliorate or resolve a crisis situation through acquiring information or undertaking some type of learning. For example, a 74 year-old client of mine recently learned that she

had diabetes. Initially she was panicked and thrown into a state of crisis. She imagined that she would not be able to continue many of her daily activities because she would always have to be near the doctor so that she could get the injections of insulin when needed. Her expectation was that she would literally be tied to the doctor's office and needle. After some coaxing and instruction she learned to self-inject and within a very short time has resumed her usual pattern of life activities at home and with her friends.

4. *Seeking assistance.* Requesting another person (counsellor?) or agency for advice, information and guidance on how to cope with the crisis.
5. *Contemplation.* Thinking about the change event, the consequences for one's self, and considering various possible responses to the crisis situation. This type of adaptation does not include taking action although action may follow.
6. *Withdrawal.* Characterized by such behaviours as fleeing from the situation, denying that anything is amiss, distorted thinking, considering suicide, acting helpless, and dropping into inaction and silence.

Counsellors can help people react to crises by helping them to understand what they are going through, by stimulating problem-solving, helping set priorities, providing useful information as needed, and aiding with stress reduction.

How effectively an individual is able to deal with change is partly determined by just how the situation is perceived. People certainly vary in their capacity to cope with crisis. A counsellor can help to reduce panic and stress levels, resist the temptation to go along with an individual's frantic search for a "quick and easy" solution, and sometimes help the person to use the crisis as an occasion for growth. When changes occur together, it is usually helpful to sort them out and establish priorities. Although counsellors cannot always take the role of confidant, they can help persons-in-crisis to understand how important it is for most people to have a confidant with whom to discuss reactions, feelings, goals, and plans during a time of major change or crisis (Lowenthal, Thurnher, et al., 1975)[6].

Especially during early adulthood, a major change, events and crises are often related to the worker role or are affected by it. Examples are gaining the first job, changing jobs and unemployment. Job-related moves to a new community and loss of a job can be especially disruptive to family life. The adult counsellor can be much more helpful to clients when in possession of knowledge about how typical career patterns develop, including how occupational performance, maturity values, and attitudes interact as discussed by Super[7], Miller[8], Kreps[9] and others.

Topic III: Major Theories of Adulthood With Implications for the Counsellor[10]

Robert Havighurst (1953)[11] has constructed a stage theory of human development including a set of tasks which must be completed at each stage for the individual to experience life satisfaction. For example, tasks of early adulthood include selecting a mate, getting started in an occupation, beginning a family, finding a congenial social group and so on. In late adulthood one faces the tasks of maintaining an acceptable economic standard, engaging in appropriate leisure, adapting to teenage children, adjusting to aging parents, etc. For Havighurst such developmental tasks are universal, necessary, and desirable.

The counsellor's job is to assist clients to cope with those tasks appropriate to their time of life.

Erik Erikson (1959)[12] proposes an eight stage-life-cycle. Each stage is characterized by a critical issue that is either resolved or it is not. If resolved, the stage becomes a substantial foundation on which to build the next stage. If not resolved, a flaw in the individual's life development is started. The last four stages of Erikson's theory pertain to adult development and are:

Stage 5: self identity (vs diffusion)

Stage 6: intimacy (vs isolation)

Stage 7: generativity (vs stagnation)

Stage 8: ego integrity (vs despair)

Forming an adequate self identity enables one to go on to build social relationships (including work) with others.

Success in identity and sociability permits one to advance to a stage of generativity: expanding one's interests, creating new people (family), products and things (work); contributing to society. Ego integrity is a task of middle to late adulthood when one is stock-taking and is able to say that "My life has been worth living and is worth continuing."

Counselling implication. A counsellor guided by Erikson's theory would search for ways to help clients deal with the particular crucial issues they were facing. For instance, if a client were undergoing a crisis in generativity (say, for example, was unable to launch and maintain a productive career) the counsellor would explore with the client whether or not previous tasks had been accomplished. Perhaps the client had not resolved the issue of intimacy and thus was not able to sustain constructive interpersonal relationships. A counselling oriented intervention program would then have to be initiated first at this level — learning to relate effectively, rather than at the try-a-new- job level.

Kohlberg's (1973)[13] focus is on moral development. He proposes that an individual passes through stages of moral judgement, based on his or her understanding of the correct way to behave toward other people and toward society in general. Behaviour at various stages of moral development may be the same but motives for it differ. For example, a person at stage one (preconventional) may behave "honestly" out of fear of being punished. An individual at stage 2 (conventional) may also behave "honestly" but because he or she believes that it is the "thing to do". A person at stage 3 (post-conventional) may behave honestly, not out of fear of punishment nor because it is the thing to do, but because he or she has weighed the meaning and value of honesty and is committed to doing the honest thing out of principle.

Counselling implication. A counsellor under the influence of Kohlberg's theory would concentrate on the values and meaning which clients attribute to their own behaviour and the behaviour of others. Clients would be confronted with moral dilemmas and inconsistencies in their own beliefs and behaviours which would lead them to critically evaluate their own life situation and behaviour. This approach is especially useful in identifying motives.

Loevinger's (1976)[14] theory of development is organized around the concept of ego control, which includes the areas

of interpersonal relations, moral judgement, and conceptual complexity. From lower to higher levels people can be described as impulsive (out of control, intolerant), self-protective, conformist, conscientious, autonomous, and integrated.

Counselling implication: A client who is at a lower level is not open to as much complexity as one at a higher level. Thus, two people may have the same problems but require very different responses from the counsellor. A client who is oriented to conformance will be confused by too many options; while an autonomous client will *demand* various options. Loevinger cautions against "idealizing" one level as "better" than another. Recognizing how a client thinks about and behaves in a situation is useful in extending aid to the client. However, the counsellor who labels a client as "impulsive" or "integrated" or whatever, is running the risk of doing a serious disservice to that client.

Daniel Levinson[15] and his associates (1978) have studied small samples of four occupational groups: business executives, biologists, novelists, and blue- and white-collar workers. From their studies of forty men they have constructed an age-linked scheme of (male) development which focuses on (nearly) universal central components in a man's life. These are: occupation, marriage-family, friendship and peer relationships, ethnicity, religion and leisure. Occupation and marriage are apparently the most central. A key concept in Levinson's theory is that a life component is really a choice — to choose means to have a relationship with that which is chosen. With this in mind consider what Levinson writes about occupation:

> In all societies, work is a major part of individual life and of the social structure. Every man is required to contribute his labour in some form of work deemed useful for the tribe. So man's occupation is one of the primary factors determining his income, his prestige and his place in society. . . All men make one or more changes, some of them quite marked, within the original occupation or from one occupation to another. A man's occupation places him within a particular socioeconomic level and work world. It exerts a powerful influence upon the options available to him, the choices he makes among them, and his possibilities for advancement and satisfaction. His work world also influences the choices he makes

> in other spheres of life. *Occupation has important sources within the self and important consequences for the self.* It is often the primary medium in which a young man's dreams for the future are defined, and the vehicle he uses to pursue those dreams. At best, his occupation permits the fulfillment of basic values and life goals. At worst, a man's work life over the years is oppressive and corrupting, and contributes to a growing alienation from self, work and society. In studying a man's life, we need to understand the meaning of work and the multiple ways in which it may serve to fulfill, to barely sustain, or to destroy the self. (p. 45)

Counselling implication. Levinson's emphasis upon the self and upon the universal components of a person's life as choice (relationship) suggests to counsellors the importance of finding the *meaning* which a choice has at different points in the life of the individual. For example, at present, most occupations are defined and understood from the perspective of *early* adulthood. The focus is upon *entry* and the kinds of work and skills required during the initial five, ten or twenty years. But for many, the nature and meaning of work change appreciably at and after mid-life. Little thought has been given to the meaning of work in the middle-adult era, and how this meaning differs from the meaning of work in early adulthood. How should jobs and careers evolve for middle and late adulthood? What kinds of work (especially new kinds) are desirable — not only from the viewpoint of society but also from the viewpoint of individuals. What can be done to stimulate greater learning, re-tooling, rejuvenation within the same occupation, for shifting to other jobs or a "second career", or third, or for early retirement, or late?

Gutmann (1970)[16] has studied various adult groups using the Thematic Apperception Test. From these studies he has derived a theory of age-related changes which might be described as shifts in locus of control. Young adulthood is typified by attempts at *active mastery* of the external environment, including other people. The environment is perceived as something challenging, a thing to be manipulated in order to get what one wants. During the middle adult era, mastery shifts to the *passive mode*. There is an inward, subjective shift toward one's own thoughts and feelings and away from an

aggressive, hostile and complex environment. In late adulthood, active and passive mastery tends to be replaced by magic mastery which involves distorting one's perceptions of the environment to reduce feelings of helplessness.

Lowenthal (1975)[17] studied four different groups of adults living in the San Francisco area, each at the onset of a major transitional period such as secondary school graduation, newlyweds, middle-aged parents, and preretirement couples. She and her associates found that each group anticipated different life changes, faced different stresses, and had learned different ways of coping or reacting to stress. One of the most startling and interesting findings of this study was that younger adults who had complex personalities were more adaptive than the psychologically simplistic; but the reverse was true for older adults. The more complex the older person, the more likely that he or she was to be unhappy or dissatisfied with self and life.

Implications for counsellors. Lowenthal's findings suggest to the other counsellor that *careful differentiation* with reference to stress sources and reactions to stress is essential for effective counselling and reduction of stress.

Neugarten (1976)[18] one of the most productive researchers in the field of adult development, has far too much research to review in this brief paper. However, one of the most significant conclusions she has worked is that it is the *unexpected* life event rather than the predictable one that throws the individual into crisis. Knowing in advance that one's job is to be done away with is much less unsettling than having the event announced one Monday morning out of the blue. Even death is faced with a good degree of calmness by old people. What produces fear and unhappiness is the prospect of sudden early death or dying in strange surroundings.

Implications for counsellors. Neugarten's research has several important implications for counsellors. First, that clients should be helped to identify and clarify sources of support in the face of predictable difficulties. Second, that people will show more drastic reactions to unexpected change events in their lives and will need stronger guidance and emotional support under such circumstances than in the face of predictable change events. Both Lowenthal and Neugarten believe that it is presumptuous at the present time to

build elaborate models of adult life-cycle development such as those proposed by Erikson and Levinson. In their view what can be done by counsellors and others concerned with adult development, is to recognize the different kinds of behaviour which tend to go with specific age ranges; realize that the associations between age and behaviour are to some extent simply the product of the society and social groups to which the people belong; and further realize that both society and social groups are themselves constantly changing. Thus, one is led to place a very great importance on individual differences in aging and adaptation to age.

Summary statement on adult development. In this very brief and hasty review of some aspects of adult development, I have tried to make the point that it is adult development (how adults learn, adapt, cope) which is the most substantial knowledge area supporting the educational activity of adult counselling. It is probably safe to assert that the vast majority of persons who now perform adult counselling have had little or no formal education with reference to adult development. This is a serious deficit which any institution which either trains or employs counsellors should correct, in my opinion.

I will close this section by briefly stating the main points which I would try to make with adult counsellors who are primarily concerned with adult vocational/employment counselling.

1. Almost every person's work history is characterized by change - slight or great, voluntary or involuntary. A person may change employers but remain in the same field; move laterally or up the status hierarchy; take up a totally new job or career; retire from paid employment - brief, chronic, or off and on. Even the worker who stays in the same job at the same level throughout a working lifetime can be said to experience change with regard to his or her expectation as well as to the expectations of others. The non-occurrence of an anticipated event, such as an expected promotion which does not materialize, is a very significant change event requiring adaptation.

   All such events as those listed above require stock-taking and adaptation. The adult counsellor needs the skills required for facilitating such adaptation by aiding clients to critically evaluate their life situations when they are disrupted by change events.

2. Perhaps the single most important concept in understanding career development or job satisfaction is congruence; how the person's self (needs, interests, preferences) "fits" with the demands, opportunities, and rewards offered by the work environment. If self and job are congruent, job satisfaction is quite likely to result; if not congruent, the result is usually dissatisfaction. Counsellors need to remain aware, however, that both environments and people change. Self-job congruence can easily become incongruency due to change in either the person or the situation.
3. Work is of central importance in the lives of nearly all people. Similarly, the concept of *control* is of central importance in understanding adult vocational development, from work entry to retirement. The individual who *feels in control*, who believes that his or her decisions and actions make a difference, is more likely to make more appropriate career and job choices. By contrast, the individual who perceives little control of his or her life in general or decisions in particular is characterized by apathy and unwillingness and/or inability to take responsibility for active job searching or career choices. It seems clear and unfortunate that at all age ranges there are significant numbers of adults who do feel that they have little control over their own existential circumstances. They see their unemployment, their job dissatisfaction, their loneliness, their family and marriage problems as determined by factors way beyond their practical control.

   It is one responsibility of the adult counsellor to help clients gain or regain some feeling of control by exploring, identifying and confirming expanded alternatives, by offering guidance in the narrowing down and selection of feasible options, by stimulating self-assessment, by pointing out the methods available for self and skill-improvement, and by making clients aware of existing resources and explaining how to get access to these resources.

   And, for the counsellor so inclined, and whose institution of employment will permit, various forms of

advocacy and action oriented research may be engaged in as a vehicle for reducing economic, political, and social factors which reduce the opportunity for self-control. Some of the more prominent factors which constrain the individual's sense of self-control are: age, sex, ethnic, class, and occupational prejudices and discriminations; institutional resistance to flex-time work scheduling, part-time work with appropriate fringe benefits, couple-sharing work arrangements; skill and knowledge deficits resulting from factors other than personal preference; bureaucratic "red-tape"; and a host of organizational procedures which systematically deny personal needs of individual workers in order to advance organizational objectives.

3.3 KNOWLEDGE OF ADULT LEARNING: AN ORIENTATION FOR COUNSELLORS

Today, assisting adults to learn, adapt, make decisions and grow is an increasingly widespread activity. There are both formal institutions and informal associations in Canadian society whose purposes are to aid adults become (or remain) competent in the worlds of work and social living.

Some persons, such as adult educators, trainers, and employment counsellors spend much of their time facilitating adult learning, development and decision making. Others, who assist adults to learn, do so only as a part of one or more of their primary life roles.

Practitioners who help adults change in purposeful, systematic, and sustained ways include a university professor who teaches an evening or off-campus course for adults who attend the institution part-time; a nurse who conducts patient education sessions for patients who need to adapt to newly diagnosed health problems; a social worker who helps unwed mothers cope with social, financial, and emotional adjustments during the months surrounding the birth of their babies; a person who leads a discussion group for adults sponsored by a church or a library; a counsellor or therapist who works with adults coping with major emotional problems; a recreation specialist who helps older adults acquire proficiency in leisure time activities; a work supervisor who organizes staff

development sessions in which employees acquire new competencies for a change in work activities; a clergyman who counsels a bereaved member of the congregation or who conducts an adult discussion group; a teacher who devotes two evenings a week to a basic education course for undereducated adults; a member of a professional association who plans a two-day workshop on new developments in the field, preceding the regular association meeting; and an employment counsellor who helps a job-seeker to identify his or her competencies and learn productive job-seeking behaviours.

In principle, all practitioners who work with adults in some assisting role such as teaching, or counselling, can (and should) put to use knowledge about adult learning in their everyday transactions with adults.

One use of knowledge about adult learning is for an improved understanding of the comprehensive character and coherence of an individual adult's life. Of course, knowledge about adult life can be gleaned from many sources: the social and behavioural sciences, literary studies, biological and physiological studies, and from applied fields such as education and social work. In striving to get a *coherent* picture of an individual adult's life we can be guided by these pragmatic questions:

a) How does this individual, at this time, and in this context, *perceive* himself or herself and his or her surroundings, including other people?

b) How can this individual's *decisions* be accounted for?

c) What is the status of this individual's cognitive and behavioural *competencies* for achieving the tasks or goals under consideration?

A second use of knowledge about adult learning is to provide a better understanding of the interrelationship between the various phases or stages of the adult life cycle. In addition to childhood and adolescence, there are the successive stages of early adulthood, middle age, and old age. These in turn can be broken down into even more specific stages. Each of these stages in life have specific tasks and require specific skills and coping strategies. Knowledge of adult learning (and development), then, can be used by the practitioner to aid adults in planning for and implementing the best decision-actions at various life stages so as to try and

achieve a full life throughout the life cycle. Policy-planners can also use this knowledge to create *opportunity systems* for *all* members of four-generation families.

A third use of adult development and learning is to elucidate the dynamics of role-changes and other transitions which occur in adult life. Some transitions such as getting one's first job are relatively abrupt while others, such as going from parent status to non-parent status, occur slowly. In most transitions there are alternative ways of coping, and the quality of decisions about coping reactions will contribute greatly to the ease or disease of the transition. A knowledge of adult learning and development will provide the practitioner with both information and a perspective with which to help adults make transitions successfully.

Finally, probably the most compelling reason to acquire organized knowledge about adult learning is to be able to assist adult clients with *action-decisions* in important areas of life such as choosing occupations, securing employment, achieving success in marriage and child-rearing, resolving conflict, and expanding competencies through training and education, using leisure constructively and so on.

An investigation of literature on the above topics immediately reveals a dilemma. The literature is organized around two poles. The larger portion of this literature is devoted to academic (scientific) studies of a very large number of specific and precisely defined topics. Most of the publications are reports of research by scholars who are busy staking out various areas of scientific specialization. It is quite difficult to perceive how very much of this material can be translated into terms useful to practitioners such as managers, educators, bureaucrats, trainers and counsellors. Most of this literature is designed to construct and test principles, theories and models and any practical use it may have is decidedly secondary. I am using the term "use" to mean useful as *guidance or orientation to the practitioner who is carrying out practical tasks* in managing, supervising, training, educating, counselling and formulating sound policies and operational procedures.

A second body of literature on adult development, learning and adaptation may be termed "popular". Books such as G.Ŝheehy's *Passages* fit in this category as does also S.Ťerkel's *Hard Times* or A.Ŵorspan's *Mazel Tov! You're Middle-aged*. In between the two poles of scientific and popular

literature, one might expect to find a middle-ground of practitioner-oriented literature which would give practical guidance on how those who work with (manage, teach, counsel) adults ought to proceed. In fact, one finds very sparse fare!

In the remainder of this Chapter I attempt *to define some reliable concepts of learning which apply to adults.*

3.4 LEWINIAN PRINCIPLES OF ADULT LEARNING

At the outset I wish to say that my standpoint in preparing the following section was that of a practitioner (counsellor, teacher) who wished to locate those principles of learning which would be useful in forming learning activities and experiences for adult learners, especially within the context of counselling.

By "learning activites" I have in mind such processes as *decision-making* (deciding whether or not to apply for a particular job); *problem-solving* (diagnosing why conflict arises between employee and supervisor, and what can be done about it); *acquiring* skills or concepts and *changing* attitudes, mental and perceptual "sets", and prejudices. In each of the above suggested examples of learning, one basic requirement of all is that *change must take place in the learner.*

The distinguished social psychologist, Kurt Lewin[1] (1948) outlined three different types of (adult) learning:

(1) a change in *cognitive structure* (for instance, acquiring new knowledge such as learning how to write a resume or learning to analyze and describe one's assets and limitations as a worker)

(2) a change in *motivation* (for example, acquiring a *like or dislike* for a new type of work; a change in *belief or attitude*, for example, changing one's stereotypic attitudes with reference to ageism, sexism, race, class, etc.; or a *change in ideology*, for example, shifting from anti-union to pro-union status)

(3) a change in *behaviour* as in developing a skill or learning how to execute a routine.

I wish to review some of the basic principles of adult learning (re-education) which were formulated by Lewin because I find them very useful as general guidelines for adult

learning especially within the context of counselling. Lewin was a Jew driven from his homeland during the regime of the Third Reich. His mother died in a gas chamber. He was motivated by a passion to find ways to use research and theory as practical guides in social practice and action. Throughout all of his studies there ran a central concern which can be stated as follows:

> How (through what learning process) do men and women *alter*, *replace*, or *transcend* patterns of behaving, thinking, believing, and willing by which they have managed and justified (or attempted to manage and justify) their lives up till now into patterns of action, thinking, believing and willing which are at once more personally fulfilling and socially constructive?

This quotation suggests that adult learning is not just a matter of learning *new* facts, behaviours, concepts and values but in addition requires that something (behaviours, attitudes, etc.) must also be unlearned or abandoned in the process. What is faced is not simply education but more correctly *re-education*. This implies: 1) changes in the self, and 2) the working through of self-supported resistances to changes. Since self-supported resistances are usually sustained by norms and relationships of others (especially relationships with the members of groups to which the individual belongs, or aspires to belong), effective re-education of an individual may also require changes in his or her immediate environing society and culture as well. At the very least counsellors should not ignore the considerable influence environing factors can have in influencing the individual's propensity for change.

Eight Lewinian Learning (re-education) Principles[2]

1. *The processes governing the acquisition of the normal and the abnormal are fundamentally alike.*

Controversies about whether or not counselling is therapy or education have gone on for many years. Due to the influence of theorists «and practitioners» who have a penchant for classification, "education" for the normal has been differentiated both conceptually and institutionally from

[2]Adapted from K. Lewin and P. Grabbe. "Conduct, Knowledge and Acceptance of New Values", *The Journal of Social Issues*, Vol. 1, No. 3, August, 1945.

"therapy" for the pathological and "rehabilitation" for the deviant. For people whose ways of thinking are classification-bound, classifications «such as "normal, "abnormal", "deviant", "under-motivated", etc.,» are given the status of realities and all members of the particular classification are held to be different in kind or substance from members of another class. This tendency to *reify* (regard something abstract as real) is a serious source of confusion both conceptually and practically. When the "normal" and the "abnormal" as well as the "deviant" are considered to be different only in degree, but not in kind or substance, and to rest on common processes of learning, then one is able to focus *on the reality of concrete persons in their actual relationships and situations* and need not be misled or confused by classifications or labels *about* the reality of concrete persons and situations. Avoiding reification is nowhere more important than in counselling.

2. The re-educative process has to fulfill a task which is essentially equivalent to a change in culture.

This principle calls to our attention the fallacy of placing total, or even most, emphasis upon individual learning and change without taking into consideration the reinforcing and influencing impact of the social and cultural milieu on the individual. It is a frequent mistake in counselling to place the entire burden of adaptation and adjustment upon the individual. It is often necessary to invoke the efforts of significant others «supervisors, peers, family members» from a person's social environs in any counselling effort to bring about change in the client's behaviour, concepts or attitudes.

With reference to employment counselling, this principle emphasizes that while it is often possible to help a person change status from unemployed to employed through individual counselling, it must be continuously kept in mind that individual unemployment is very much a function of the culture, especially the economic and political aspects of culture.

3. Prejudices are functionally equivalent to wrong concepts.

The story of the man who thought that he was dead illustrates how when we have an incorrect conception (prejudice) we will persist in our concept even against very compelling evidence to the contrary.

Mr. X, who believed himself to be dead, resisted all evidence contradicting his belief which was presented to him by his wife, his friends and his psychiatrist. As a last ditch effort, his psychiatrist got him to clearly admit that dead men don't bleed. Then he secured Mr. X's permission to prick his finger with a pin. When the blood came, Mr. X, astonished, exclaimed, "Doctor, I was wrong. Dead men do bleed."

What this principle tells us is that we cannot rely upon experience alone to change concepts, or prejudice. In order to instate a correct concept in the place of an incorrect one, the individual must become (or be maneuvered into being) a self-experimenter — experimenter with his or her own and alternative concepts. Surely every counsellor must be familiar with clients who, when presented with correct evidence, new information, or alternative explanations, merely tighten their own self-defenses. The assumption of a self-experimentation orientation in clients requires that they *develop and accept* an ambivalence in themselves toward the adequacy of their own concepts (prejudices). Without ambivalence, people see no need to submit their concepts or prejudices to examination, testing and possible alteration (learning).

4. ***Even extensive first hand knowledge does not automatically create correct concepts.***

This principle is cautionary to counsellors who rely too much on direct "telling", advising, lecturing or simply supplying clients with information, even though it may be valid, correct, and superior to that possessed by the client. The adult learners may not profit so much from efforts to induce them to learn from other people's enquiries and knowledge as much as they profit by becoming participants in their own learning and experimenting. Also, this principle cautions that learning may not result from having an "exciting, moving" experience if the experience is not also designed to bring about cognitive changes. In counselling, efforts must be made to develop methods whereby clients utilize their own feelings, concepts and behaviour as the *data* to be processed in bringing about alternatives, problem-solving, and decision-making.

5. ***Social action no less than physical action is steered by perception.***

The meaning of this principle is that action changes (behaviours) do not necessarily result from changes in beliefs,

values or knowledge. The crucial element in determining action changes is changed perception of self and situation. For example, a person may learn *how* to construct a resumé but will not *use* a resumé until he or she perceives that as a *meaningful* act in a specific situation. Perception change makes constructive action change possible. This principle advises the counsellor that openness and receptivity to new knowledge and new behaviour development follows, rather than precedes, change in perception. The client who sees (perceives) himself or herself as capable is much more likely to act capably (or be willing to learn those skills necessary to act capably) than the client who perceives himself or herself to be a failure or to act incompetently.

6. As a rule, the possession of correct knowledge does not suffice to rectify false perceptions.

All people have a need to justify (defend) themselves in reference to their concepts, beliefs, attitudes, feelings and behaviours. Additional knowledge, even knowledge superior to one's own will not induce changes in patterns of behaviour when the need to justify is strong. Counsellors may use various methods to reduce the need to justify. One method is to establish a supportive, acceptant relationship as in client-centered counselling for the purpose of reducing defensiveness. A second method is to provide models for the clients to imitate and emulate. The crucial point is to achieve a sufficient degree of dis-engagement from ego-defending behaviours so that alternative concepts, values, behaviours can be experimented with under conditions which reinforce learning and insure psychological safety.

7. Changes in sentiments do not necessarily follow changes in cognitive structures.

Personal orientation must be supported by more than concepts and knowledge. The person's *disposition* (including emotion, value, willingness) toward a decision, a person or an object may not be changed at all by gaining new knowledge. The familiar assertion, "Yes, I know all that, but . . . " signals that the person's sentiment or disposition remains unchanged.

This principle underlines the absolute importance of getting an individual's commitment, in depth, to the relevance of a problem situation to himself or herself; *and*, to gain the individual's assumption of *personal responsibility* for doing

something about the problem. If a client does not involve himself or herself in the change process (within the context of counselling) then no objective fact which does not fit within his or her belief-structure is likely to achieve the status of *fact*; further, no value alternative is likely to reach the status of a *genuine* alternative for the individual; therefore, one can hardly expect to see any movement toward changed social action.

8. ***Changes in how the social world is perceived, changes in the real acceptance of values and facts, and changes in the ways in which individuals justify their actions — all are expressions of the same learning process. This process finds its most vivid expression in the acts of achieving and maintaining membership in a group.***

Re-education (counselling) must recognize the intimate connection between the internalized value system of the individual and the individual's status in the groups to which he or she belongs. The adult's value system is his or her own putting together, in a unique way, the various internalized normative outlooks (values, beliefs) of the significant associations which have contributed to the construction of his or her *social self* - family, religion, age group, sex group, ethnic group, racial group, work group, political group and so on. Change in the adult's value outlook and perception of social reality often requires involvement in new groups with norms that contrast in significant ways with those of the groups to which the individual has so far belonged. This principle stimulates our interest in the use of counselling [re-education] groups to bring about learning in the adult. The norms of such re-educative group(s) should be those which *support and require* members to engage in experimental, critical enquiry into their own socialization as it affects their present functioning as well as their future development in terms of competencies, goals and strategies for achieving goals.

A counselling group which tries to establish the conditions for significant learning cannot succeed with "accidental" norms or procedures. The material of the group is both personal and social as well as informational. The group norms should support, and, to a degree, require frankness of communication, involvement of the individual participants in diagnosing their own situations, and willingness to "test-out"

ambiguities and uncertainties. The re-education process, in the context of counselling, is carried out in the interest of rendering personal action (and value Orientation) more informed, more competent, more in line with clarified and chosen values, and in the interest of narrowing the gap between intention and consequence in the process of decision-making and action.

In the area of value-belief change, and consequent behaviour change, group participation is virtually essential. A great deal of effort is put into attempted behaviour change by producing TV and cinematic films, publishing popular books on psychology and psychiatry, passing laws which require people to change and fighting wars. Yet all of these efforts overlook what is probably the most powerful vehicle of all for value and behaviour change — belongingness in a group — especially a group with rationalized, intentional norms for diagnosing and supporting behaviour change. Finally, the main justification of re-education groups is: to support efforts of group members to gain more intelligent control of their own continuing socialization in terms of concepts, goals, and skills.

3.5 ADULTS: THEIR MISCONCEPTIONS AND HOW THEY CHANGE

John Smith has lost his job as a heavy equipment operator due to an accident which affected his vision and one arm. After counselling and assessment, John was advised that because of his extensive experience with diesel machines he could receive training which would qualify him for a job as motors and controls tester. His performance on this job would not be hindered by his reduced vision and arm impairment. However, a period of training would be required.

John steadfastly refused to apply for the training, because in his words, "I've always been a big rig operator", and he claimed that he wouldn't be able to learn the duties of the new job which he believed required a "lot of reading". In spite of the counsellor's urging he was convinced that he "couldn't do the work".

The point of this example is to illustrate that many people have "misconceptions" about themselves which effectively block their learning and performance. Under the term "misconception hypothesis", Victor Raimy has analyzed the various approaches to misconceptions and their modification

which educators and psychotherapists past and present have advocated. I draw heavily upon his material for the following paragraphs.

As mentioned earlier in the review of Lewinian principles in counselling with adults, the problem which the counsellor faces is that of re-educating the client. The client often has learned attitudes, values, conceptions which are, for various reasons, inadequate. In effect, these inadequate attitudes or ideas «misconceptions» must be *replaced* by more viable ones. From this perspective, the counsellor certainly has an *education* function.

In order for a more useful conception to be learned, the misconception will usually have to be identified and "unlearned". The counsellor from this perspective, has the educational task of I) searching for the convictions, beliefs and notions that clients have about themselves and which have a limiting, self-defeating or other undesirable consequence for the person, and 2) providing the guidance, instruction and learning conditions so that the client can learn conceptions which support the self in reliable, reality-oriented ways.

There are various options for counsellors to use in attempting to re-educate clients. Beliefs, convictions and conceptions can be displaced by effective explanation, by stimulating a person to recognize his or her own misconceptions, by allowing or encouraging the client to engage in behaviour which demonstrates his or her own mistakes, and by showing him or her that in real life his/her premises and conceptions are false, unworkable and self-defeating.

Misconceptions are every bit as real and important as conceptions. Misconceptions about one's self (or about others) can drastically and unrealistically *limit* the kinds of behaviour an individual is willing to engage in. Misconceptions also may drive a person into perpetually self-defeating patterns - witness the excessively polite individual or the person who is convinced that he or she is incompetent in some regard and constantly expresses this conviction, thus actually perpetuating a self-defeating cycle.

Ignorance and Misconception

Because she is *ignorant* of her own aptitude for typing, Jill believes that she cannot learn to type. Strictly speaking, ignorance is not a misconception but it can function in much

the same way as a misconception, and can definitely block a person's learning. Clearly, one of the tasks of a counsellor is to inform a client and take an active role in reducing and eliminating ignorance of concepts and information which would be useful in the task at hand.

Surface versus Deep Misconception

Misconceptions range in their degree of "implantation" from surface misconceptions to those which are deeply and virtually irrevocably implanted (for example, acute race prejudice). While both surface and deep misconceptions interfere with learning and act to limit the range of behaviours and learnings the individual is likely to undertake, it is not realistic to expect that practical counselling «for example, employment or occupational choice counselling» can effectively counteract deeply implanted misconceptions. While the same principles and processes apparently underlie both surface and deep misconceptions, the commitment of time and sophisticated learning guidance required to alter or replace deeply held misconceptions is beyond the mandate of most counselling services.

Misconception Clusters

There is an endless supply of misconceptions which can be identified so that some scheme of categorizing misconceptions is helpful to the practical counsellor. Raimy suggests such a classification scheme in the form three "clusters" of misconceptions associated with three being-states: I) being *depressed*; 2) being *compelled* or driven; and 3) being *emotionally unstable*. The following lists, although far from complete, give some idea of the misconceptions associated with each of the being-states.

Depressive Cluster

1. I am, have been, and will remain without hope.
2. I am, have been, and will remain to blame for what is wrong.
3. I get little or no help from others.
4. I am unable to improve my situation.
5. I am always sick.
6. I worry a lot, but I can't really concentrate.
7. Others reject me because I'm incompetent or no damned good.

Compulsive Cluster

1. I can't stand anything that is dirty.
2. I need to be the best in any field.
3. I must be efficient, no matter what the cost.
4. I deserve more respect.
5. I must always be on time «or conversely, I need not ever be on time».
6. People always just do things that make me suspicious.
7. Being right is more important than anything else.
8. Details are very important and all of them should be recounted in every conversation.

Emotional Instability Cluster

1. It is good for me to be flirtatious, or seductive.
2. I am more interesting and get further when I exaggerate and bend the truth.
3. I must have the constant attention and approval of others to feel comfortable and successful.
4. I can get what I want by being dependent and helpless.
5. When I am just being friendly, others interpret me as being sexy.
6. I have always had a lot of troubles in my life.
7. I am not at all responsible for what has happened to me — I am just a victim.
8. Details are unimportant — they should be left to others who have less imagination that I do.
9. I just can't stand being frustrated and disappointed.
10. No one understands my special case.

Clusters such as those above help the counsellor to diagnose and understand why and how an individual is blocking or limiting his or her own learning or performance through adherence to one or several specific misconceptions.

About misconceptions, it should be borne in mind that, a) they are learned [no one is born with misconceptions, nor conceptions either], b) specific misconceptions are not always *easy* to determine, c) some are easily altered, others virtually impossible, d) altering conceptions is sometimes, but not always, absolutely pre-requisite to change in behaviour,

and e) *usually* an individual will possess several closely connected misconceptions and it may be difficult to change one without also undertaking to change other closely related misconceptions.

Changing Misconceptions Through Learning Activities [Re-education]

Generally speaking, there are two sets of approaches to changing misconceptions: direct and indirect. The indirect approaches include such methods as hypnosis therapy, psychoanalysis, and suggestology, which are not reviewed here. The *direct approaches*, which are discussed in the following paragraphs, are represented by Paul DuBois[2] who wanted to change "mistaken ideas", Alfred Adler[3] who wanted to change "mistaken opinions", Combs and Snygg[4] who advocate changing "inadequate differentiations", and Albert Ellis[5] who tries to change "irrational ideas".

Although Dubois, Adler [and his many followers], Snygg and Combs and Ellis resort to different ways of explaining their approaches, they are in agreement that:

(1) Conceptions [opinions, ideas, notions, thoughts, perceptions] are very influential in determining behaviour.

(2) Behind most inadequate [incompetent, distorted, inappropriate] behaviour there resides a *mis*conception [or cluster of misconceptions] which mis-guide behaviour and often *block* further learning.

(3) Misconceptions, just like conceptions, are learned and can only be replaced by unlearning the old and learning new and better conceptions.

(4) The route to improved concepts and thence to improved behaviour is via learning. Counselling is an educative [re-educative] process more than a "curing" process.

(5) The counsellor is primarily a teacher and the primary task of the counsellor is to *present evidence*. Evidence here is held to mean both carefully analyzed data [ideas, beliefs, assumptions, information, plans, etc.] *and* sudden, untested "insights" such as may be expressed by the person who suddenly and inexplicably says, "I don't exactly know why, but I've got this "feeling" that the thing to do is . .

The Counsellor's Task: Presenting Evidence

A counsellor can attempt to re-educate a client with respect to his misconceptions by one or a combination of four methods: *explanation*, stimulation of *self-examination*, *self-demonstration*, and *imitation* (modeling). All of these methods encourage cognitive review by means of which an individual may achieve insight, receptivity to alternative conceptions and gain new knowledge and information about himself or herself, others, and the environment.

Explanation

Explanation includes several well-tested counselling techniques. Through *interpretation* and *confrontation*, the counsellor suggests or presents information which the client either does not have or which he or she considers irrelevant or wishes to deny. The effective interpretation or confrontation is usually not a "deep" distressing message but rather is more likely to be information which the client is ready or "nearly ready" to recognize.

Client-centered *reflections* are subtle methods of emphasizing significant messages and may help to distinguish between conceptions and misconceptions. Especially accurate reflections may provide the client with information about his or her own conceptions or attitudes which in turn leads to a greater differentiation in the client's perceptions. This leads to client statements such as, "I hadn't realized before that's how I felt about it."

A fourth type of subtle explanation is exemplified by the use of *questions* that call the client's attention to evidence which he or she has up till now ignored, denied, or of which he or she has been ignorant.

A fifth form of explanation is used directly by *telling*, *suggesting* or *exhorting*. These methods rely explicitly on the rational authority of the counsellor, as knowledgeable and expert. When a counsellor utilizes exhortation, he or she is presenting himself or herself as a source of unassailable knowledge and logic in much the same fashion that a physician may evoke medical principles and knowledge, or as a parent may invoke the principle of what is "right" and "good". While telling, suggesting and exhorting are generally frowned upon by middle and upper-middle class clients and counsellors, there is reason to believe that many working class clients expect and respond to exhortation more willingly

than many counsellors and their trainers are wont to believe. Exhortation may be especially effective when coupled with the permission principle, which is invoked by asking clients if they wish advice [or information or guidance] *before* giving it. Gaining a person's permission before advising is an extremely effective way of engaging the client's receptivity to the advice.

A sixth method of explaining is to present a *frame of reference* or *structure* to the client. A simple example of this is telling the client the role he or she is to play in a role-play situation. Another, more complicated example of structuring, is to explain to the client the model or steps of an effective decision-making process. Such a procedure is designed to disabuse the client of misconceptions he or she may have about decision-making [for example, "just do what feels right"] and at the same time teach him or her, presumably, a more effective conception of how decisions are made.

Here are several ways in which explanations can be less than effective. First, a counsellor may be guided more by his or her own ideology and by what he or she believes is "good" for the client than by a true understanding of the client's situation, including the client's perception of his or her own situation. In such a case the explanation may be plainly irrelevant. Also, explanations may be ignored by the client who is not "ready" for explanation. Finally, it is usually a waste of time to dredge up misconceptions which are historically remote. The misconceptions which count are those presently used by the client. Decisions are *always made in the present* and are most strongly influenced by current concerns and current misconceptions.

Self-examination

The counsellor who encourages a client to engage in self-exploration is not directly presenting evidence or information to the client. However, the counsellor is structuring the situation in such a fashion that the client may discover information for himself or herself and thus identify and initiate change in misconceptions. Surprisingly, clients who undertake self-exploration [some clients won't, or can't], often are able to locate misconceptions. For example:

> "I can see that all along I've been thinking that I'm too stupid to learn to drive. I've been coaxing,

threatening and lying to get other people to take me places. I thought people who wouldn't help me were just plain mean and were to blame for my troubles."

In this summary statement, this particular client has located three misconceptions: 1) he or she falsely believed that he or she was too stupid to learn to drive, 2) he or she had falsely believed that he or she had been acting decently, and 3) he or she had failed to recognize that he or she was to blame for his or her own difficulties.

The counsellor has various tasks to perform in stimulating self-examination on the part of clients. First, the counsellor must provide encouragement since many people try to avoid talking about and thinking about disturbing aspects of themselves.

Second, the counsellor must be skillful at reflection. Reflections help the client to perceive more *precisely* what he or she is feeling, thinking and expressing. Reflections act as subtle guides for the client since they often emphasize subtle meanings of which the client is not (or has not been) cognizant.

The active counsellor may also ask a client to write in a journal, use a tape-recorder, fill out a check-list, take a self-administering test, or draw as a means of stimulating self-examination.

Probably the most important result of a client engaging in self-examination is that he or she may be able to locate and discard defensive misconceptions which have been employed to justify actions which were self-defeating, or which were used to avoid real issues.

Self-examination has several limitations. First, some clients are unable or willing to self-examine, or even verbalize. Second, some kinds of technical knowledge cannot be gained merely through self-examination, but require observation or examination by outsiders. Third, self-exploration can be quite prolonged and may be considered uneconomical in some settings. Nonetheless, we all use self-examination in our daily lives as a means of locating our difficulties and formulating alternatives which may be more productive, or at least less painful. There is no good reason to discount self-examination as an important counselling tactic for locating and replacing misconceptions.

Self-Demonstration

Self-demonstration refers to any procedure or set of learning conditions, arranged by the counsellor, so that a client is able to participate in the situation and *observe* his or her own behaviour. In this fashion the client has an opportunity to directly observe his or her misconceptions at work and thus provide strong reasons for changing misconceptions. The counsellor may provide either real or imagined situations so that the client can self-observe.

For example, a client may be convinced that he or she will "fail" on the first day of a new job. The counsellor may devise a role-play wherein he or she and the client carry out a few interactions typical of the job and thus permit the client to "practice" and get a "feel" for what the job situation is like. Another example of self-demonstration is the case where a counsellor encourages a socially fearful client to join a receptive group. In this instance the counsellor hopes that the client will gain evidence that he or she is capable of interacting comfortably and competently with others. A third example of self-demonstration is the life-skills training group where individuals are "coached" and their practices and enactments are recorded on video-tape. This provides immediate, accurate evidence about their own performances, and confronts them with irrefutable evidence of misconceptions and the *consequences* of misconceptions.

A number of well-known approaches to behaviour change use self-demonstration procedures. For example, the client-centered counsellor's insistance that the client take responsibility for the counselling session often forces the client to realize that he or she is able to make his or her own decisions and examine his or her situation as well as express his or her own subjective feelings. In this sense, the non-directive structure of client-centered counselling provides a clear-cut self-demonstration procedure. Of course, there are clients for whom this self-demonstration procedure does not work.

Snygg and Combs advocate that a client should be treated as though he or she is "lovable, likeable, acceptable, and able." They hold that many clients have a misconception of themselves — that is, they regard themselves as inadequate and unworthy. They believe that the counsellor's behaviour should provide evidence [within the counselling session] that contradict the client's misconception of self.

The counsellor should attempt to establish a beneficial relationship with clients by consistently practicing two attitudes: 1) a non-critical or non-censoring attitude, and 2) an attitude of positive expression of concern, understanding and compassion for the client. They claim that these attitudes will reduce the threat which the client experiences. This reduction of threat, in turn, encourages the client to self-observe and become more receptive to data about himself or herself as well as increase his or her ability to recognize, admit, and alter misconceptions.

Snygg and Combs are, in effect, urging that counsellors take advantage of the Pygmalion mechanism. That is, if you wish a person to acquire certain attributes, then one of the best ways to bring this about is to treat him or her as if he or she already possesses those attributes, albeit in potential form. If you wish someone to manifest confidence, then treat him or her as capable of confidence; if you wish him or her to be lovable, then show him or her love and regard him or her as capable of being loved and lovable.

There are at least two cautions about the adequacy of Snygg and Combs' approach. First, it is not clear that gains made in the counselling session will generalize to out-of-counselling situations. Second, there are clients whose self-defenses are hardened, whose behaviours are inflexible and inappropriate, and whose misconceptions [for example, "other people *owe* me a living"] are deeply implanted so that some type of re-education procedures beyond the practice of non-threatening, positive attitudes are definitely required for any progress in counselling.

Imitation (Modeling)

One of the most powerful processes of learning is imitation, also referred to as modeling, identification, empathy, and vicarious learning. What is probably the single greatest learning achievement of an individual's entire life is the acquisition of language. This is done almost entirely through imitation. So we should not overlook imitation as a powerful tool for the counsellor to use in the re-educative process.

One of the clearest examples of a modeling approach to changing misconceptions is Kelly's[6] fixed-role technique. The client is asked to write a character sketch *of himself or herself*. Then the counsellor, in cooperation with the client

re-writes the personality sketch, including desirable personality attributes substituted for undesirable characteristics contained in the original sketch. Next, the counsellor and client role-play the new sketch several times. Finally, the client is instructed to try out his or her new role in everyday life. The counsellor's attitude is more one of "let's see what happens" than authoritarian. During the real-life trying out period, the client and counsellor consult on alternative days and discuss "how it is going". Needless to say, the role is revised by the counsellor, in consultation with the client, as seems appropriate, and the client's efforts are supported and reinforced as much as possible by the counsellor.

The Special Case of Albert Ellis

More than any other contemporary theoretician-practitioner, Albert Ellis[7, 8, 9] has worked out a re-educative approach to changing misconceptions which employs virtually all forms of *explanation* as well as many forms of *self-examination*, *self-demonstration* and *imitation*. For these reasons it is important to examine his system of counselling in some detail.

Ellis does not place much emphasis upon warmth and support in the counselling relationship. Instead he advocates a teaching, active, confrontational and rational approach to changing clients' misconceptions ["irrational" ideas in Ellis's language].

Ellis believes that people are *both* rational and irrational and most difficulties people face in their lives result from illogical, incorrect, incomplete, misdirected thinking. His orientation is clearly *cognitive*. Ellis observes that an individual who is anxious or hostile, or both, cannot cope effectively with daily living. Both anxiety and hostility in its various manifestations are *self-defeating* reactions and counselling should attempt to reduce these reactions and thus *free* the individual from self-defeating behaviours.

Stated more generally, Ellis's rational-emotive counselling approach has the primary goal of *training* (educating) clients to *observe, evaluate and alter* their thinking (concepts, opinions, beliefs, assumptions, prejudices, notions) in order to reduce anxiety and hostility. The task of the counsellor is to encourage, cajole, tell, teach the individual to *replace* irrational (mistaken, self-defeating) ideas with more useful, rational

ideas. In addition to the primary goal of bringing about a re-evaluation of thinking in order to reduce anxiety and hostility, Ellis claims eight additional goals for the rational-emotive approach. They are:

1. self-acceptance
2. self-interest
3. self-direction
4. tolerance
5. acceptance of uncertainty
6. flexibility
7. improved thinking [more "scientific"], and
8. risk-taking.

Ellis has identified ten main "irrational" ideas which, in his opinion, are commonly found in people who seek counselling. These ten beliefs may be considered to be mistakes or misconceptions about the self. In Ellis's estimate the first six are strongly associated with anxiety and the last four are more prominent in hostility.

The misconceptions are: I believe that

1. I *must be approved* by all people who are important to me.
2. I am not worthwhile unless I am *completely competent*, adequate, achieving.
3. I am *unable to control* my own happiness.
4. I am *controlled almost totally by my past.*
5. If I can't find the *one best solution* to my difficulties, I face disaster.
6. I *expect and must be prepared for the worst.*
7. Wicked people should be *blamed and punished.*
8. *If my life is not working* out as I want it to, *I am in the midst of a catastrophe.*
9. I am better off when *I postpone or avoid responsibilities* and difficulties rather than face them, and
10. I *must* get involved and get very disturbed over other people's problems.

In order to deal with clients' misconceptions, Ellis advocates helping [teaching] them three kinds of insight. First, he advocates assisting the client to recognize and get an intellectual understanding of the misconceptions he or she is employing and Ellis tries to briefly show clients how the misconcep-

tions have been learned. Second, he attempts to rid a client of the misconception that he or she is the helpless victim of *past* events and experiences. The past is irretrievably out of reach, and anyway it is more correct to learn that it is one's beliefs or convictions about the present which are often in need of correction and which *can be modified*. The third type of insight which Ellis tries to develop is that it is nearly always possible to do *something* about one's life situation, no matter how difficult it may appear. This insight is aimed at altering the client's misconception that he or she is helpless in the problem situation.

As far as counselling techniques are concerned, Ellis advocates that the counsellor should act as a forthright teacher. The counsellor should act as a *model* of the rational human being. He or she should use teaching skills, confront the individual with misconceptions and use whatever explanation, self-demonstration, modeling and self-examination procedures he or she can devise.

Counselling often consists of discussions aimed at identifying misconceptions, proposing alternatives, and developing insight about the consequences which flow from irrational ideas on the one hand and rational conceptions on the other. While one must always keep in mind that different clients react differently and have varying needs and varying abilities to verbalize and discuss, the counsellor should not hold back [in principle] from advising, telling, cajoling, suggesting, teaching, arguing, persuading, and in general using evidence and logic to aid clients to replace faulty conceptions with more rational, effective ideas.

A fundamental principle which Ellis tenaciously adheres to is that virtually all displays of emotion which involve depression, guilt, self-blaming, anxiety, hostility, apathy, anger and fear are the consequence of mistaken conceptions about self [and others or environment]. In the logical extreme, this means that nearly all clients are either ignorant or irrational, or both! This is a harsh view but also a hopeful one, for it also means that education, or re-education is the proper modality for counselling.

In addition to the in-counselling discussions and role-playing, Ellis advocates that clients must be encouraged (even made) to take part in out-of-counselling activities. Clients should be given "assignments" [behaviour tryouts, writ-

ing in a notebook, reading an article, gathering information, taking a self-administered test, visiting an office, attending a film, class or meeting] and are instructed to report back to the counsellor.

Cognitive Review (The Client's Task)

Within the context of counselling, the process by means of which the client examines and evaluates his or her ideas and knowledge about a specific issue or problem is termed *cognitive review*. It is through cognitive review that a client *locates* and undertakes to *change* misconceptions.

Simply put, the principle of cognitive review is: *For an individual to change a concept of any kind, he or she must, in most instances, be provided with opportunities to examine and evaluate all available evidence which is relevant to the concept*. Occasionally a person will change concepts or abandon misconceptions through one-trial learning. Ordinarily, however, individuals will examine and re-examine the various aspects and meanings of a misconception or cluster of misconceptions before any change occurs.

We all utilize cognitive review in everyday experience. It is this common experience which should lead counsellors to realize that changing concepts, although not an uncommon type of learning experience, often requires time. Thus, in counselling, we say that a problem must *be worked through* or advise that the counsellor exercise *patience*.

Cognitive review is not coldly rational as the term might suggest. Rather, cognitive review is a process which examines not only ideas, concepts, opinions and bits of knowledge, but also feelings and effective elements associated with concepts.

Cognitive review usually takes place in the presence of the counsellor — talking things over with another person is helpful in numerous ways. Some organization of ideas is required in talking to another person. Getting reactions from another person helps to perceive just what one is communicating. Saying things to another person usually causes the speaker to be more objective in his or her analysis of the problem he or she is articulating. Of course, the careful listener will suggest alternatives and help the speaker to differentiate conception from misconception, and will often provide missing data.

Cognitive review can take place, however, without the presence of the counsellor, under at least two conditions. First, a client, just like everyone else, may think things out in solitude. Most of our life concerns are solved in solitude — one simply never tells a counsellor that one has done successful solitary problem-solving. Secondly, the counsellor may assign a *homework assignment* to a client which takes the form of a written exercise to stimulate (and record) cognitive review. Another variation of this technique is to ask a client to keep a journal in which cognitive review is recorded in the form of journal writing, diagrams, doodling, sketches, or, occasionally, poetry.

Even though cognitive review is perhaps *the* critical learning process in counselling oriented to decision-making and problem-solving, there are several reasons why it is not always effective.

1. Casual introspection may not reveal essential misconceptions and the necessary pertinent subjective evidence may remain unexamined.
2. It is more difficult for a person to recognize his or her own misconceptions than it is to recognize the misconceptions of other people. Often one's own prejudice or other misconceptions are so well defended that it seems impossible that one could actually be mistaken.
3. Because some misconceptions generate so much negative emotional feeling, the individual *avoids* thinking about, or even recognizing, his or her most significant misconceptions.
4. Some clients are *unable* to verbalize their conceptions sufficiently, or at least are not very precise in their expression, thus failing to articulate relevant misconceptions and pertinent evidence.
5. Some clients may fail to alter their method of self-examination sufficiently, and remain "trapped" in self-defeating cycles of misconception, rationalization, inarticulateness, etc.

If counselling is conceived as a re-education process, (and I believe that it should be) then cognitive review, and especially *repeated review*, must figure as an essential process. In *assertiveness training*, for example, a client is directly taught (through role-playing or through performing tasks of

graded difficulty) how to assert his or her own rights as a human being. Arguments are directed against the client's submissiveness, while the advantages of being assertive are repeatedly stressed: "You are making a mistake when you fail to assert yourself — if you follow the principles you are being taught, you can expect improvement in your life situation." Clients are constantly coached to review their ideas about themselves in reference to submission and assertion and are constantly coached to improve by practicing assertiveness. This is the classic example of a cognitive-behavioural technique based upon repeated cognitive review. Followed to an extreme position, this approach requires the counsellor to repeatedly tell clients *what* they are being counselled for, *what* is wrong with their conceptions (or behaviour) *what* the criteria for improvement are, and *what* practice is required to reach those criteria.

A Summary Note

To recapitulate some essential points from the perspectives under review in this section.

1. Re-education is a critical component in adult counselling.
2. Behaviour change [when required] often must be preceded by conceptual change.
3. Misconceptions [broad term to include opinions, concepts, attitudes, prejudices, perceptions and emotional (affective) feelings as well] together with ignorance, are critical barriers to change and learning.
4. Misconceptions are replaced [if they are] through learning.
5. The counsellor's primary task in changing misconceptions is to present evidence [insights, information and analyzed data].
6. The methods used to present evidence are: a) self-examination, b) explanation, c) self-demonstration, d) imitation.
7. The main task of the client is *cognitive review* as a means to locate and alter misconceptions (and ignorance).

4.0 EMPATHIC LISTENING : PRELIMINARY THOUGHTS

Regardless of the counselling orientation which one adheres to or the client problem, there is no doubt that in virtually all instances, it is the ability to listen empathically which is the crucial variable in determining counsellor effectiveness. Listening is the pre-requisite for *all* other counselling interventions and procedures. Listening should *precede* all other techniques in counselling. The counsellor who is incapable of concentrated, accurate listening *is* capable of inhibiting and frustrating clients. The non-listening counsellor frequently becomes part of the client's problem rather than helping resolve it.

Listening, in its simplest analysis involves three activities: 1) *hearing* accurately what another says, 2) *observing* the nonverbal clues which accompany another's verbal statements (and which can either *amplify* the verbal messages or *contradict* them) and 3) *replying* to the client in a clear and direct manner which *demonstrates* that the client's message has been accurately understood.

In fact, there are several different types of listening replies. In every day conversation, most people use what can be called *minimal* listening. That is, they catch just enough of what another person is saying to be able to keep a conversation going. Conversations based on minimal listening are often *parallel monologues*. Each person is expressing his or her own ideas with very little recognition of the other's comments. Minimal listeners often *compete* with each other trying to monopolize the conversation. When minimal listeners fall into conflict or disagreement, listening may disappear altogether.

Within the context of the help-intending interview, minimal listening is inadequate. A greater listening skill is required. Briefly, there are four types of listening responses which are useful in the counselling interview: clarification, empathic, summary and deep listening.

Clarification (sometimes referred to as perception check) takes the form of a question after a client message. For example, it starts with "Are you saying that . . ." or "Do you mean that . . ." along with a reiteration of part or all of the client's statement. *Empathic listening* (which will be the main focus of the learning materials in this section) is the ability to accurately paraphrase the client message (both feeling and content) in a natural-sounding fashion. *Summarization* is an elaboration of the empathic listening reply in which several, or many, client messages are concisely summed up in a brief yet accurate way. *Deep listening* is the ability to extensively comprehend the *meaning of the other person*. This is accomplished by extreme concentration to what the other says, *how* it is said, as well as what is *not* said; together with acute observation of the other's physical behaviours and expressions; then consolidating what is heard and seen together with what the other expresses metaphorically and symbolically into a unified meaning pattern. Deep listening requires a degree of ego-control and intense concentration quite beyond what most individuals are willing to attain. Fortunately, deep listening is not required to function as an effective counsellor.

As a first step in learning to be a better listener, you may wish to take the listening reply pre-test on the following page. This will help you establish your present ability and will give you a record of an initial, pretraining reply which will be useful to you for comparison purposes after you have had listening training.

4.1 LISTENING REPLY PRE-TEST: JOB COUNSELLING EXAMPLE

Part I

As a starting point in learning to reply helpfully to what a client says, based on your listening, it may help to check out your present helping reply. This pre-test gives you a chance to *reply* to a client statement and also to test your ability to *recognize* helpful and not-so-helpful replies made by others.

The imaginary client you are talking with is a 22-year old woman who has come to your office for advice about employment. You have spent a few minutes getting acquainted and establishing rapport with her. She now says to you:

"My boyfriend has just moved here (Vancouver) from Kamloops where I'm still living. I've worked for the MOT as a file clerk for three years since I finished grade twelve. My boyfriend — we live together — wants me to move to Vancouver, I want to move, too. I'd have to give up my job so I couldn't get UIC for ten weeks and I don't know whether I could get a job here in Vancouver or not. We share finances and neither of us has much money saved. I just don't know what to do — what do you think I should do?"

On the following lines, write the next thing you would say to this client at this point, immediately after you heard her statement above. Try to give what you consider would be a helpful reply — that is, a reply which would communicate that you understand and are interested in her situation and would like to be helpful. *Important*: Write the exact words you would use as if you were speaking directly to the client.

_____

_____

_____

_____

Now that you have written your own reply to this client you will be able to see what some other people have replied and will have an opportunity to make your own judgement about the helpfulness of these replies. You are to use the following rating scale:

1 = not helpful

2 = helpful

3 = very helpful

For each of the six alternative replies, write a number (1, 2, or 3) which indicates your judgement of the helpfulness of that particular reply.

Your Rating		***Alternative Replies***
_____	1.	"It sounds to me like you'd better think twice before giving up your job."
_____	2.	"How hard have you tried to find a job in Vancouver?"

_____ 3. "You're feeling really torn between wanting to move so that you can be with your boyfriend and staying where you are, so you can continue to have income. You're just not sure whether you could make it until you either found a job or became eligible for UIC."

_____ 4. "You are really concerned about your relationship with your boyfriend, about being able to contribute to the joint income, and you don't know whether you can get a job right away if you move. You're really in a bind and you're hoping that I can help you with this problem."

_____ 5. "I know just how you feel. But, you know, things are pretty tight right now with jobs. Have you talked with your boyfriend about options like his moving back to Kamloops, or maybe borrowing some money to tide the both of you over, or you waiting for a better job market?"

_____ 6. "I guess you feel a lot of conflict between wanting to be with your boyfriend and not wanting to give up a job to do that. You're not sure what to do."

Now check your ratings against "expert" ratings of the alternative replies.

The "experts" ratings and the reasons for their ratings are as follows:

Expert Ratings	***Reasons***
_____ 1.	Rated *not helpful* because a) it did not communicate understanding, b) it took the form of "quick advice," c) it very likely would throw the client off the track.
_____ 2.	Rated *not helpful* because a) it did not communicate understanding, b) it is likely to cause defensiveness, c) it would drastically narrow the perspective on the client's problem.
_____ 3.	Rated *helpful* because a) it demonstrated understanding of most of the client's feelings and ideas, b) it respected the client's direction of concern.
_____ 4.	Rated *very helpful* because it demonstrated *full* understanding of the client's statement and it respected the client's own direction.
_____ 5.	Rated *not helpful* because a) it did not communicate understanding, b) it took the form of "quick advice", c) it very likely would throw the client off the track.
_____ 6.	Rated *helpful* because it demonstrated understanding of most of the client's message and because it respected the client's direction.

To calculate your pre-test score (how well you are able to recognize the difference between helpful and non-helpful replies) complete the following chart:

Reply No.	Your Rating		Expert Rating		Difference Between Ratings
1.	_____	–	_____	=	_____
2.	_____	–	_____	=	_____
3.	_____	–	_____	=	_____
4.	_____	–	_____	=	_____
5.	_____	–	_____	=	_____
6.	_____	–	_____	=	_____
			TOTAL	=	_____
			DIVIDE	÷ 6	_____

= _____

(your pre-test score)

For each reply 1) give your rating, 2) subtract the expert rating, 3) write in the difference in the last column, 4) add all the difference scores, 5) divide by 6 your pre-test score. If you were unable to rate a reply, enter a rating of 1, for the time being.

If your ratings agreed exactly with the experts' you would have a score of 0.0. Training and supervised practice should noticeably improve your ability to recognize the difference between helpful and not-helpful replies.

Finally, you may wish to examine your own written reply and see which of the six alternatives it most closely resembles.

Upon completion of the instruction and practices outlined in this book, both your ability to recognize, and your ability to give, helpful replies should be clearly improved.

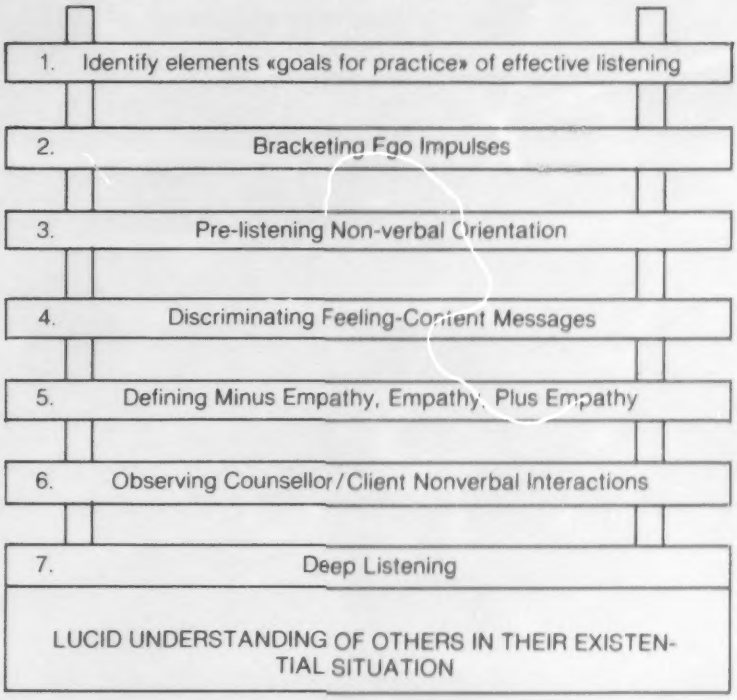
4.2 LEARNING TO LISTEN WITH EMPATHY: A PRACTICUM

In the succeeding paragraphs, I will detail a practical program for improving empathic listening ability. In addition to the explanation of concepts and principles, I have also included various exercises for practice. It should be kept in mind that it is not possible to become a better listener by merely reading about listening and discussing the pros and cons of listening. Listening will only improve through *practice which*

provides the learner with feedback on progress. Any attempt to avoid practice and/or feedback should be identified, in most instances, as self-defeating behaviour.

4.2.1 THE LISTENING LADDER

The first step in improving empathic listening ability is to identify the elements of listening [successive learning goals of listening practice] . One may visualize these elements or goals by constructing a "ladder of listening". One must begin on the top rung of the ladder which is ordinary everyday listening (minimal listening) and work downward through seven steps in order to reach the *level of deep listening*, ". . . down where all the ladders start, in the foul rag-and-bone shop of the heart [W.B. Yeats: *The Circus Animals' Desertion*] ."


1. Identify elements «goals for practice» of effective listening
2. Bracketing Ego Impulses
3. Pre-listening Non-verbal Orientation
4. Discriminating Feeling-Content Messages
5. Defining Minus Empathy, Empathy, Plus Empathy
6. Observing Counsellor/Client Nonverbal Interactions
7. Deep Listening
LUCID UNDERSTANDING OF OTHERS IN THEIR EXISTENTIAL SITUATION

4.2.2 BRACKETING EGO IMPULSES

One of the most serious detriments to effective listening is the unrestrained impulse on the part of the listener to interrupt or ignore what the speaker is saying. These impulses take various forms: interrupting the speaker by disagreeing, stating a judgement against (or for) what the speaker is expressing, contradicting, voicing disapproval, voicing

approval or agreement in a fashion which cuts off the speaker's expression or question: also, the speaker's use of language, communicating indifference by drifting off into one's own reverie, carrying on some other activity such as shuffling papers, looking at one's watch, passively nodding or agreeing routinely by saying uh-huh; or distorting the purpose of the conversation by changing the topic of conversation or by taking over the speaking role through such gambits as "That reminds me . . .," "What you should do is . . .," "How interesting, I never thought of that, I guess I . . .," or through inappropriate questioning such as "Well, what are you going to do now?". Each of these behaviours or speech habits indicates that the ego of the listener is becoming distracted or is about to break off listening and leap out in the form of an expressive behaviour.

Several factors are to be taken into consideration as one attempts to establish a degree of control over unrestrained ego-impulses which interfere with listening. First, everyday conversation usually resembles a ping-pong match, in which one person speaks (serves) and then the second person hits the conversation ball back (often of an entirely different topic). Frequently the purpose of such a conversation is either to win points or to impress the other person or an audience. Other ordinary conversations have a gossipy sound with each person trying to top the other with one more (and juicier) tidbit. Such conversations may be tinged with a malicious undertone. Another common conversational mode is the "Oh, how awful . . ." mode in which much bitching, complaining and sometimes even hate is manufactured and exchanged. While all such conversations serve a social bonding function they definitely lack the elements of understanding, clarification and concentrated attention which are necessary in an effective counselling conversation. Rather than concentrate the communicators' attention on one issue in depth, such conversational modes trivialize and scatter the participants' attention this way and that and definitely inhibit understanding as well as obstruct a problem-solving orientation. It is necessary to become *conscious* of these non-helping modes of conversation. It is especially important to try to determine whether one's participation as a listener helps the speaker to express fully what he or she wishes to say or whether one's listening is quickly replaced by an irresistible urge to talk.

The second goal, is to directly practice concentration [paying exclusive attention to one thing]. Control over one's own impulses [which interrupt listening] results from the combined effects of: (a) *inhibiting* habitual patterns of impulsivity, and b) *developing*, through practice, concentration ability in contexts of activity as well as silence. By inhibiting impulses, which if permitted expression, will break the act of listening and by developing concentration, one is able to bracket one's ego and thus become much more available as a genuine listener.

The task of bracketing one's ego is, for most people, not particularly easy even when the motivation to do so is fairly strong. The best that can be done is to decide whether or not one wishes to become a better listener. If the decision is no, then there is nothing further to be done. If the decision is yes, then the following exercises will be helpful to the receptive learner. The exercises have been chosen to provide practice for inhibiting impulses, developing concentration, and promoting conversational flexibility.

Exercise 1: Concentration[1]

Repeat orally (or write) the following sentences after hearing them stated [by person or tape] *once*:

a) Art is a human activity having for its purpose the transmission to others of the highest and best feelings to which men have risen.

Tolstoy

b) A man without passion is only a latent force, only a possibility, like a stone waiting for the blow from the iron to give forth sparks.

Amiel

c) Both Empedocles and Heraclitus held it for a truth than man could not be altogether cleared from injustice in dealing with beasts as he now does.

Plutarch

d) To have a thing is nothing if you've not the chance to show it; and to know a thing is nothing unless others know you know it.

Lord Nancy

e) The energies of our system will decay; the glory of the sun will be dimmed, and the earth, tideless and

inert, will no longer tolerate the race which has for a moment disturbed its solitude.

Balfour

f) Golden hours of vision come to us in this present life, when we are at our best, and our facilities work together in harmony.

C.F. Dole

Exercise 2: Concentration

Repeat (or write) the following sentences, word by word, backwards, after hearing them once forward:

a) These are mighty secrets and we must whisper them.
b) You have not converted a man because you have silenced him.
c) It is a condition which confronts us - not a theory.
d) When will the dead world cease to dream?
e) Foreigners always spell better than they pronounce.
f) What is the reason of this thusness.
g) The time has come, the Walrus said, to talk of many things.

Exercise 3: Concentration

Repeat (or write) the following sentences forward after hearing them once backwards:

a) best the for be must be must which things The
b) man is made nature in Art
c) June in night that recall you Do
d) itself truth is wit true of well The
e) lover a than blind more owl was Never
f) being with knowledge but knowledge not is life of end great The
g) rest then and first Work

In a listening class each of the three preceding concentration exercises can be given by the instructor either orally or presented on an audio tape. The exercise should be conducted under quiet conditions preceded by one or two minutes of silence with students having been given suggestions to relax and breathe deeply and quietly with eyes closed. The exercises should not all be given at the same time but preferably at subsequent class meetings.

After each concentration exercise has been given in class, then class members can be given a homework assignment to prepare a similar exercise on their own. Sentences selected by students should not vary greatly in length from those in the exercises given above, and should be chosen from literary, inspirational or philosophical sources rather than from household magazines or popular stories. Each student can be asked to present a copy of each prepared exercise to the instructor and these can be used for future class exercises. Accuracy of wording is important.

Exercise 4: Mantra Concentration[2]

In various forms of meditation, a student is given a special sound or combination of sounds called a *Mantra*. By concentrating attention on the mantra in the manner prescribed below, with practice a student is able to hold a longer concentration span and, at the same time, reduce the many distracting thoughts and sensations which distract and fragment concentration. Essentially, mantra practice has the beneficial results for the student of listening that it *quiets* and *clears* one's consciousness and thus prepares one for receptive, concentrated listening.

The method of Mantra practice is as follows:

1. Select one or the other of these Mantra:
   i. vee-rahm, or
   ii. so-hahm
2. Sit in an upright, quiet posture in a straight-backed chair, place feet flat on the floor, place hands in lap and close eyes.
3. Now pay attention to your inhalation and exhalation of breath and *allow* your breathing to become smooth, deep, and regular.
4. When you are breathing with a quiet and regular breath begin to silently repeat the Mantra you have selected. As you breathe in say (silently to yourself) vee. The sound (silently said) should be continuous with your inhalation. As you exhale then say to yourself *rahm* [or *so* on inhalation and *hahm* on exhalation] . Again, the sound should begin and end as your breath begins and ends. As you inhale and exhale continue to repeat the Mantra for 2-5 minutes.

5. In the first practice, your *goal should be simply to repeat your sounds* as you breathe. If your mind strays, simply continue repeating your Mantra with breathing. Don't try to stop thinking about other things, instead *concentrate* on repeating your sounds in coordination with your breathing.
6. *IMPORTANT*! Do the above practice *before* reading the next instruction. If you cheat and read on before practicing as directed above, you will *not* achieve full learning benefits from this exercise. *After* you have completed the above practice, *then* read the following instruction.
7. *Instruction*

   In your first Mantra exercise you were instructed to *repeat* the Mantra again and again in coordination with your breathing. For your second and each succeeding practice, do the following.

   As before sit quietly in a straight backed chair with your feet flat on the floor, your eyes closed, your hands in your lap and begin to breathe regularly and quietly. Now begin saying your sound with inhalation and exhalation. This time instead of merely repeating the sound, *listen* to the sounds each time you say them silently to yourself. Try to *let* yourself listen undistractedly to each sound as it occurs. As you continue this method of inner listening, you will find that the sounds begin to "sound" different as they rise and sink in your consciousness. Continue for 3-5 minutes and continue to do several practices daily for continued benefit and development as an improved listener.

Exercise 5: Listening Circle[3]

When their culture was still intact, the Haida Indians of the Pacific Coast employed a discussion procedure which promoted listening by eliminating interference with the speaker by any other member of the discussion group. The procedure which the Haida used, and which can be adapted for listening training can be described in the following manner.

First, all members of the discussion group are arranged in a circle, usually sitting. No conversation of any kind is permitted immediately prior or during the session except as pre-

scribed by the rules. Members come silently into the listening circle. A "talking stick" is placed in the center of the circle, the "talking stick" is about 4-5 feet long with a pointed tip and carved with animals and bird emblems of family and clan somewhat similar to a totem pole.

The listening circle can be formed because some important issue has arisen which requires a decision, action or resolution. Or it can be less focussed, simply to "talk things over" and provide a means whereby a member could speak as much as he or she wishes without interruption.

As soon as the circle is formed, one member steps forward and grasps the talking stick and thus invokes the rule of non-interference. The member holding the talking stick can speak about whatever he or she wishes, for as long as he or she wishes, without interruption. All other members are to remain silent and listen. When the speaking member has said all that he or she wishes to say, he or she releases the talking stick and falls silent. A speaking member may address himself or herself to another member of the group, to the whole group, or may simply talk aloud as if no one else was present.

When the first speaker has finished, then another member may step forward, take the "talking stick" and speak his or her mind. There is no concept of "taking turns" around the circle. Any member may speak when the stick is free. Sometimes what a speaker says is related to what the previous speaker said, as in a direct reply or a second opinion on the same topic, other times there is no discernible connection between utterances.

The rules to be obeyed are: (1) When a member is speaking no interruption or comment by another member is permitted; (2) All other members are expected to listen to a speaking member; (3) A speaker can express whatever he or she wishes, as long as he or she wishes; and (4) No other form of intergroup communication such as "eye" messages, head shaking, laughing, touching, hitting, leaving the group, gesturing, or in other way either overtly or covertly communicating with any member of the group is sanctioned. A member who violates a rule is expected to voluntarily withdraw from the group or, if necessary, follow the instruction of the most experienced member of the listening circle to leave the group.

What is practiced in such a group? First of all, it provides practice in restraint in the sense of not interrupting another. Second, it provides practice in careful listening. Third, it promotes patience and tolerance. Fourth, it encourages thoughtful expression. Fifth, it sensitizes one to subtle, often unnoticed extra-verbal forms of communication which influence communication without the person even being aware of their emission. For example, frequently a person will not be aware of the amount of influence which certain "looks" or faces exert. Without saying a word, one can send a devastating message with a "look that kills". As another example, one may clearly signal disapproval or indicate that "your time is up" simply by clearing one's throat.

Of course, very few people have a "talking stick" but other objects work just as well - a rock, a piece of wood, etc.

Exercise 6: Circle Sentences

This exercise is designed to reinforce careful listening to immediate speech and to retain a sense of an over-all meaning as in a story or a life-history.

A circle of 5-7 members is formed, usually sitting, but can also be standing. Members are instructed by the leader to compose the beginning of a fictional episode in their mind which could probably be developed into a story. It is not necessary to have a clear idea of a story, just 3 or 4 sentences which would be the start of a story. For example:

On Tuesday when I was driving to work, I stopped at a stop sign on Young Street, waiting for some children to pass in front of my car. As I looked out of the car, I saw some motion in the window of a house. From afar, behind a partly drawn curtain, I saw a person's arm moving in what seemed to me to be a frantic or desperate gesture for me to come to the house.

When members have had time (usually 1-2 minutes is plenty) to get such a formation in their minds, the leader asks one person to start by saying his or her 3 or 4 sentences. The next person is to be listening carefully and as soon as the speaker is finished, is to add 1 or 2 sentences which in some sense are meaningful continuations of the story. The story is built up by going around the group several times. The aim is to quickly build onto the previous speaker's sentences in a manner which is meaningful and smooth in transition.

The story should be recorded and as soon as it is finished, the entire group can listen to the playback. This provides an opportunity to listen to transitions and also to try to determine how one utterance "triggered" the next. The entire exercise can be done rather quickly - a story only takes a few minutes at most. Although some people are hesitant about taking part in this exercise - they are afraid that they will not be "spontaneous" or "creative" enough, - usually all will join in and find it both stimulating and beneficial. Careful listening is reinforced and semantic flexibility is encouraged. This exercise will also reveal certain tendencies to "clown" or "be better than you." Such revelations are necessary since they are ego-impulses which can seriously interfere with serious listening in a counselling conversation. The individual who becomes aware of such tendencies he or she may have is in a better condition to exercise self-control than the person who remains unconscious of these ego-impulses.

Exercise 7: Confirmed Understanding

This exercise is designed to give learners direct practice in restraining their own tendencies to react impulsively and without clear understanding of what conversational partners means. The first step in the exercise is to present a list of clearly defined controversial topics which have numerous pro and con arguments. Such a list can be either developed by the instructor or, even better, cooperatively with the students and might include such topics as:

1. Every woman should have the right to choose or reject abortion; yes or no?
2. The waiting period for UIC benefits following voluntary termination of employment should be reduced; yes or no? Etc.

The training class should be divided into dyads with each dyad choosing a controversial topic. Each partner is given 10-15 minutes to "prepare" their arguments and opinions and organize their thinking on the topic. Alternatively, topics can be selected at one class meeting and participants can be asked to come prepared to discuss at the next class meeting.

When participants are prepared, then the dyads can carry on conversations following these rules:

1. The first person starts the discussion by using not more than 30 seconds to state a basic position.

2. The second person must then:
    i. Briefly but accurately summarize what he or she has heard their conversational partner say. If his or her summarization seems to the first speaker to be accurate, *then* the second person can make his or her own reply or opening statement. If the second person did not understand what the first speaker meant, then the first speaker again states his or her basic position and the second person tries again to accurately summarize. And so on for about 10 minutes. In some instances it is necessary to appoint a referee whose job it is to help the dyad keep to the rules.

Participants should be coached to make short (3-5 sentence statements) and to practice accurate re-phrased summaries. The instructor should demonstrate the procedure and model several summarizing statements.

Occasionally participants seem unable to perform this exercise since they have very little control over their own ego-impulses. In such cases they should be asked to listen to another dyad who are successful with the exercise and silently try to formulate summary responses in their imaginations. Using this vicarious learning mode helps to keep them involved in the instructional/learning process and is a beneficial sub-vocal practice for some as well.

Participants should be provided with opportunities to discuss their efforts to do this exercise and conclude to identify their own behaviours which either assist or hinder their degree of answers.

Another, more difficult, variation of this exercise is to ask each member of a dyad to take the role *opposite* to one for which they have prepared. This will provide additional practice to those individuals who are able to do the basic exercise with little difficulty.

Exercise 8: Role-Play Rotation[4]

This exercise requires careful listening and provides excellent practice in conversational flexibility. The exercise requires two-role play teams with either 2 or 3 members on each team. One team represents the "client" and the other team represents the "counsellor". A counselling "problem" is identified and briefly defined. For example, the counselling

"problem" is: Mary, a 22 year-old woman is currently working as a filing clerk in a government office - a job she has held for two years and 6 months. Her boyfriend, with whom she has been living, has decided that he must move to another city because he has been offered a training opportunity which he very much wants to take advantage of.

Mary wishes to move with him but this means that she must leave her job voluntarily, thus making her ineligible for UIC payments for ten weeks. Unemployment in the other city is high and she is worried that she will not be able to find work since she has few skills and only file-clerk work experience. She and her boyfriend share living expenses and she does not want to put pressure on their relationship by taking action which would mean that she couldn't contribute financially to their living expenses. At any rate, he has very little money himself. On the other hand, they have a very warm and supportive relationship and both Mary and her boyfriend believe that their relationship is maintained best when they are together. She is seeking counselling to try to solve her dilemma.

The practice begins with one member of the client team taking the role of Mary and one member of the counsellor team taking the counsellor's role. The counselling conversation takes place in the counsellor's office; however, both Mary and the counsellor remain standing. The other team members stand directly behind the 'counsellor' and 'client' and listen carefully as the conversation is going. At an appropriate place, but fairly soon, a second member of the counsellor team is to touch the counsellor on the shoulder which is a signal to step aside and let the second member take on the counsellor's side of the conversation. Ideally, this exchange of counsellors should take place as the client is speaking so that the first reply of the "new" counsellor can be a summary statement of what the client has just said. The point is to try to make this change without disrupting the conversation. The same type of exchange can also be carried out from the "client" team. The exercise can be carried on for 10-15 minutes with a number of exchanges taking place. Neither the "new" counsellor nor the "new" client should depart from the previous ongoing conversation so radically that the conversation is disrupted. The guiding objective of the exercise is to make *smooth transitions*, not to "stump" the other person. Each participant should be allowed time to make several

statements before being replaced by another team member so that the "sense" of the conversation is maintained.

The preceding eight exercises are really pre-listening exercises designed to promote concentration, reduce ego-impulsivity, and encourage conversational flexibility. In any specific training situation they can be modified to meet the particular requirements of that situation. As a general principle it is useful to keep such exercises "active" and not too lengthy. Also, it is advisable to give participants time to discuss their own reactions and insights. In this way an integration of ideas, insights and learning practices can be achieved.

4.2.3 PRE-LISTENING: NON-VERBAL ORIENTATION

Non-verbal orientation to listening refers to the non-verbal behaviours through which a listener indicates an active receptivity to the speaker. Some individuals have developed habits (especially behaviours of which they are not particularly conscious) which discourage other people from engaging them in conversation. Certain facial expressions do not invite communication - for example, frowns, "fixed" smiles, blankness of expression, averted gaze, to name a few of the more common. Other body behaviours such as slouching, yawning, tightly folded arms, distance, squirming, eye-rolling, voice quality (loud, weak, harsh, strained) also act to inhibit conversational partners.

By building an awareness of six non-verbal behaviours which are perceived by most people as signs of attention and interest, and by practicing those actions until they become *reliably present* in one's counselling orientation, the behavioural base for effective listening and understanding is enhanced. An easy way to remember these six behaviours is by using the acronym FASEL:

F = *facing* the other
A = *active* physical presence
S = *spatial* awareness and orientation
E = *eye* contact
L = *leaning* toward the other

Facing the other person squarely instead of turning sideways or away from the other indicates that you are interested and that you are *available* for conversation. Facing also

means being more-or-less on the same physical level as the other. For example, when both persons are sitting or both are standing, then they can *face* each other. But when one stands and one sits, it is not really possible to feel that one is facing another. The latter indicates an inequality of status. Superiority of status can be expressed by standing "over" another as when a school principal stands behind his desk and "orders" a pupil to sit down; or, conversely superiority can be expressed by sitting - for example, when a warden is seated at his office desk and an inmate is brought into his office and instructed to "stand". *Facing*, then, is an important indicator of two dimensions of the communication situation: availability and status.

Active physical presence is comprised of open, friendly facial expressions together with an upright, alert body posture and an attentive, personalized voice quality. Two extremes of body posture are the slouch which, when taken to an extreme, becomes a corpse posture, and the stiff, military posture which, when taken to an extreme, appears as rigor mortis. Slouching expresses tiredness, depression, apathy, disinterest and indifference. Stiff posture expresses rigidity, authority, inflexibility and one-way communication. Neither postural extreme is desirable in the counselling situation. Rather, what is more appropriate is a poised, balanced posture that expresses attention, concentration, and accessibility.

There is a great variety of facial expressions. Each carries a message including the degree of *presence* of the person. Within the context of the counselling interview an effective counsellor's face often conveys attention, interest, friendliness, acceptance, and positive self-esteem. There are numerous facial "masks" to be avoided. Especially detrimental are the masks of indifference, apathy, suspiciousness, hostility, superiority, impatience, and mechanicalness. The facial mask is usually simply a means for conveying an inner attitude. Attempting to alter the mask without examining and altering the inner attitude is not likely to result in any improvement in counselling communication. Nonetheless, facial expressions are especially valuable in a training situation to provide evidence of the basic attitudes of the listener which are being conveyed non-verbally.

Similarly, voice quality is useful as an indicator of warmth and attention as well as conveying personal *presence*. Again, quality of voice is linked to inner attitudes. For example, an "officious" quality of voice usually indicates that the speaker conceives himself or herself as having a superior status to the person being spoken to. There is little doubt that a warm, interested, lively voice quality is a very valuable tool for the counsellor. One may conclude that an alert posture, interested facial expressions and an involved, warm quality of voice do a great deal to *animate* the counselling session.

Spatial awareness and orientation refers to the spatial context within which counselling is conducted and the degree to which the counsellor is aware of spatial considerations within the counselling context. How is the environment arranged spatially: Are there physical objects which act as barriers between counsellor and client? Or does an object such as a table serve as a *bridge* between counsellor and client? How much distance separates client from counsellor? There are four spatial zones in interpersonal communication: intimate, informal, working, formal.

With reference to distance, *intimacy* involves the greatest degree of closeness, often established by touching, caressing, kissing, holding, etc. The *informal* zone refers to situations of friendly conversation and socializing. Individuals may touch each other to indicate friendship or to emphasize points they are making in their discussion. The informal zone is frequently the place where joking, playfulness and mutual-interest conversations occur. The *interpersonal working* zone refers to those two person situations where a common task is being carried out such as cooperatively filling out a report, considering data together, or trying to work out a solution on paper. It also refers to a situation of rational discussion such as decision-making, problem-solving, or analytic conversations. Usually there is little or no physical touching. Finally, *formal* spacing refers to situations where there is a definite use of distance and physical barriers to maintain superior/inferior status relationships. Examples include termination interviews, meetings conducted according to *Robert's Rules of Order*, disciplinary interviews, parole board hearings, contract negotiations, and so on.

In counselling, spatial arrangement of the counselling environment including distance between counsellor and client is an important consideration since spacing conveys numerous messages about status and closeness. Most counselling probably falls in the zone of interpersonal work with some overlap both ways into the zones of informality and formality. Perhaps the crucial variable is *counsellor awareness* of spatial orientation since clients certainly have differing needs for space. When clients space needs are violated or ignored, then the usefulness of the counselling is reduced.

Eye contact is essential in most serious counselling conversations. When speaking with a client it is important to spend most of the time looking at him or her. Again, if you watch people who are engaged in important, serious conversations, you will find that they look at each other almost without interruption. This is not the kind of looking, however, that "stares" the other person down. Rather, the message which is to be communicated is "I'm interested," "I'm with you," "I'm trying to get your meaning," "What you are saying is important to me," "I'm trying to tell you something which is really important for me to say," etc. . .

One sign of ineffective interpersonal communicators is their lack of eye contact. Instead of looking at the other, they look out of the window, down at the floor, up at the ceiling, or inspect their hands, their pencil or simply look "off into the distance" while they are speaking or listening.

There are important cultural exceptions to this principle of maintaining eye contact. With certain people, a steady gaze is interpreted as an intrusion, a violation of privacy. However, for the majority of people, steady eye contact is a behaviour which conveys involvement and attention.

Leaning towards the other in a counselling conversation is a natural sign of involvement. This can be clearly observed by watching people in restaurants or on the street who are engaged in serious conversation. Conversely, pulling back or leaning away from another person signals that you are becoming less involved, bored, defensive or uninterested. Leaning back also can indicate disbelief, shock or disapproval.

4.2.4 PUTTING A STOP TO MINIMAL LISTENING

As already outlined, empathy refers to one's ability to *understand the ideas and feelings* of another person. *Empathic listening* has two elements: 1) listening with receptivity, and 2) replying to the other person in a manner which clearly demonstrates that the speaker has been understood. In the following paragraphs of this section, a step by step procedure is outlined for enabling learners a) to develop an enhanced awareness of themselves as listeners, b) to *practice* actual listening behaviours and c) to reduce or eliminate faulty listening habits.

The *receptive* part of listening is something which happens "inside" of a listener. The development of this receptivity is based, first of all, upon increased *awareness* of one's own listening ability and habits. Certain suggestions about receptivity can be made such as: "listen fully," "pay attention," "become aware of your own biases and impulses which are triggered by what the speaker says" "don't form questions in your mind while the other person is talking," "become aware of your need to interrupt or to say 'but,' or 'but, don't you think' while the other person is speaking", and so on.

Since many of the habits of the minimal listener can be identified, it is possible to develop an awareness of the degree to which you reveal these habits in your own conversational behaviour. In the following check-list form are many of the minimal listening habits which cause the minimal listener to *reject* what the speaker is saying.

A minimal listener tends to reject what the speaker is saying because:

i. The listener judges what the other person is saying to be *uninteresting*.
ii. The listener concludes that the other person's expressions are *irrelevant*.
iii. As far as the listener is concerned, the other person's ideas are *trivial*.
iv. In the listener's opinion, the speaker is saying *impractical* things.
v. The listener thinks, *"I already know that"*.
vi. The listener believes that what the speaker is saying is too *simple*; or converseley, too *complicated*.

vii. The listener *notices other things* about the speaker than what the speaker is communicating (for example, "I wonder why she is wearing such an ugly dress, " or "wouldn't you think that someone coming in for an interview would know better than to eat garlic?").

viii. The listener *pretends* to understand when he really doesn't — often saying "Oh, yes, I know what you mean," without determining whether or not he actually knows what the speaker means.

ix. The listener *stereotypes* or *labels* the speaker because of some dominant characteristic (for example, "Oh *all* women think that way," or "You believe that because you are *young*, or too *old*".) and by so doing closes down the possibility of perceiving (hearing) the exact meaning of this specific person, at this specific time.

x. The listener has a need to be an *expert*, to be *correct*, to be *superior*, or to be *powerful*, and thus *minimizes* what the speaker says since the speaker is viewed as helpless, inferior, in the wrong, ignorant, etc.

xi. The listener shows *cultural insensitivity*, for example, not recognizing the culturally determined meaning of smiling, silence, gestures; the inability to recognize and accept culture-specifc modes of dress, speech mannerisms and humor. In such situations, the listener is inclined to feel critical toward the speaker due to culture-specific characteristics of the listener, with the result being that listening is reduced or eliminated.

xii. The listener has learned a *style* of communication which minimizes or fights against listening. Such anti-listening styles include: *argumentativeness* (the individual with an argumentative style conceives of all conversations as debates, something to be won or lost, a matter of logic, forcefulness and, at times, intimidation); *continuous criticism* (with this style, the listener tries to point out the faults in what is being said, seems convinced that a speaker must always be corrected on some point, even grammar, as well as ideas and opinions; often the criticizer will try to tell speakers that

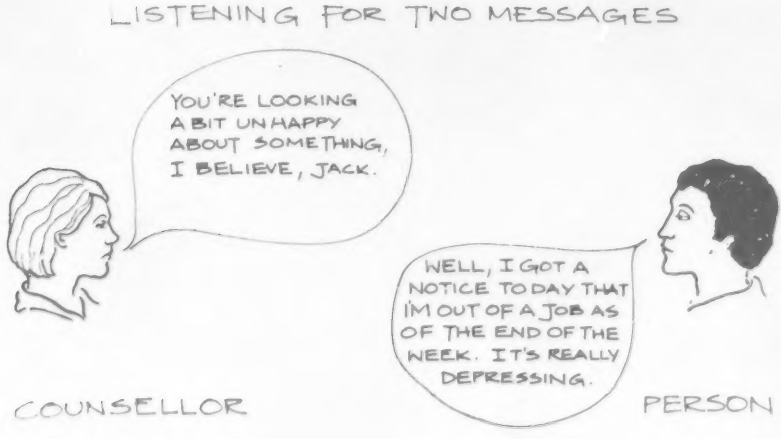
they shouldn't feel the way they do, or will use deflating remarks which result in making the speaker feel silly, stupid, or unworthy).

4.2.5 LISTENING REQUIRES HEARING TWO TYPES OF MESSAGES

IN A COUNSELLING CONVERSATION, EACH TIME A CLIENT UTTERS A SENTENCE OR A PHRASE, THERE ARE TWO MESSAGES TO LISTEN FOR:

1. *CONCEPTUAL MESSAGE* - Idea, opinion, statement of fact or information — in other words, what the speaker is talking about in a factual or literal sense. This type of message is also referred to as *content*.
2. *FEELING MESSAGE* - How the speaker feels about what he or she is speaking about. This is also called the *emotional* or *effective* message.

Consider the following sentence spoken by Jack.


LISTENING FOR TWO MESSAGES
YOU'RE LOOKING A BIT UNHAPPY ABOUT SOMETHING, I BELIEVE, JACK.
WELL, I GOT A NOTICE TODAY THAT I'M OUT OF A JOB AS OF THE END OF THE WEEK. IT'S REALLY DEPRESSING.
COUNSELLOR
PERSON

We can analyze Jack's statement and find:

1. Conceptual message: I'm out of work next week, (the content)
2. Feeling message: I'm feeling depressed. (the emotion)

Now, if Jill (the counsellor) listens receptively, with empathy, she will do two things. First, she will hear both messages *as Jack meant them*, and, second, she will reply in a way

which *demonstrates* to Jack that she has understood what he meant. For example, she could reply:

conceptual message

Jill: [*"Finding out that you're out of work next Friday*]

feeling message

[*really made you feel down in the dumps."*]

or

feeling message

[*"It was pretty depressing news for you*]

conceptual message

[to hear that your job is over in a week"*]*

or

feeling message *conceptual message*

[*"That's really a downer*] [*to learn that your job is terminated in a week."*]

In these three examples, Jill has replied to Jack with phrases which clearly demonstrate that she has heard *both* messages — conceptual and feeling, and thus she may classify her replies as examples of *empathic listening.*

It is very important to recognize that in a counselling conversation, there are a large number of different replies which are useful, in addition to empathic listening replies. There are also many ways of replying which would definitely *not* be useful, including at times, the empathic listening reply.

The empathic listening reply is simply one of many useful replies. It is a *key reply* in that it is the basis for establishing that *client-messages* are *similarly understood by both client and counsellor.* It forms the foundation of reliable, trustworthy communication within the counselling situation upon which many other forms of conversational communication and counselling techniques are based.

In the first stage of training, most people are reluctant to use empathic replies. In everyday conversation, when Jack says, "I feel pretty angry about losing my job - just when I was getting on to it," typical replies by another person might be "Why is that?," or "I know what you mean" or "Don't worry you'll find another," or "Well, you've just got to try harder." Such replies are "natural" replies although not necessarily the most useful from a counselling point of view. When a trainee is asked to give up "natural" replies and learn

a *new* response — that is, an empathic listening reply, usually resistance is expressed.

Typically, when learning a new way of communication, a student feels "awkward," "mechanical," "unnatural," "silly," "artificial," "mechanical," "parrot-like," or simply embarrassed. Often the learner will think up all sorts of reasons why an empathic listening reply "won't work," or why it is impractical or why practice is a waste of time.

For the student who is feeling resistant to empathy and whose basic impulse is to avoid learning to use empathy, the following points may be helpful:

1. The empathy listening reply is simply one of many responses which a skillful counsellor is able to use at the appropriate time,
2. The empathy reply is a specific communication skill which can be learned through practice but not through reading or discussion,
3. A person who does *not* have a skill is not in a very good position to declare the skill useless and does not have a sound basis for deciding about the appropriateness of the skill in question.
4. The individual who is *skillful* is in a good position to decide for himself whether or not empathy is an appropriate response at a specific point in a conversation.
5. In almost all cases where people practice empathy to the point that they can make skillful empathic listening replies, they no longer question its usefulness in counselling conversations; nor do they have much trouble deciding when empathy is appropriate and when it is not.

4.2.6 DEVELOPING A FEELING-WORD VOCABULARY

Most people are much better at hearing content than they are at hearing feelings. Yet, the essential element in many (not all) conversations is the *feeling* behind the words. Effective communication depends not only on *what* is said but even more on *how* and *why* anything is said. Since we are concerned with developing the ability to empathically understand another, we will start with practice in *recognizing feelings*.

Many people have very limited "feeling-word" vocabularies. Before you proceed with the Practice in Recognizing Feelings, study the lists of "feeling words" which are on the following pages. If you get stuck for words which describe the feelings you recognize in one of the statements, then you can refer to these lists. Also, you may want to add some words which are not on the lists. Remember, the larger your own feeling word vocabulary, the better you are able to respond flexibly and accurately to what clients say.

Feeling-Word Lists

SAD - DEPRESSED - DISCOURAGED

below par
bereaved
blue
brooding
brokenhearted
burned
cast down
cheerless
crestfallen
dejected
demolished
depressed
despondent
destroyed
disappointed
discouraged
downcast
downhearted
dreary
dropping
dull
forlorn
gloomy
glum
grief stricken
grieved
heavyhearted
hopeless
in the dumps
low
moody
moping
morose
mournful
oppressed
pained
pessimistic
sad
saddened
serious
solemn
somber
sorrowful
spiritless
tearful
troubled
unhappy
weary
woeful
wrecked
_____
_____
_____
_____
_____
_____

PLAYFUL - JOKING - WITTY

agreeable
amusing
approachable
breezy
brisk
chummy
clever
cosmopolitan
droll
easygoing
free and easy
frisky
frolicsome
fun loving
funny
game
genial
good humoured
half serious
happy-go-lucky
hearty
hospitable
humourous
ingenious
jaunty
jesting
jocular
joking
jovial
jolly
lighthearted
lively
mirthful
mischievous
original
quick witted
smart
sociable
sparkling
sportive
sprightly
spry
vivacious
_____
_____
_____
_____
_____
_____
_____

MISERABLE - TROUBLED - HURT - FRUSTRATED

abused
aching
afflicted
aggrieved
awful
battered
bothered
burdened
clumsy
cramped
cut to the heart
desolate
despairing
destitute
disagreeable
displeased
disquieted
dissatisfied
distressed
disturbed
dreadful
foolish
fretful
frustrated
futile
gripped
harrassed
hassled
hindered
horrible
hurt
imprisoned
loaded down
lost
lousy
miserable
mistreated
oppressed
pathetic
perturbed
pitiful
poor
pressured
puzzled
racked
restless
ridiculous
rotten
ruined
sore
stabbed
strained
suffering
swamped
throbbing
tormented
tortured
troubled
uneasy
unfortunate
ungainly
unhappy
unlucky
unsatisfied
unsure
upset
vexed
woeful
wounded
wretched

_____
_____
_____
_____
_____
_____
_____

INTERESTED - EXCITED

active
alert
aroused
attracted to
bustling
busy
delighted
demonstrative
eager
enlivened
enthusiastic
entranced
excited
expectant
fascinated
flustered
impatient
impressed with
incited to
interested in
involved
keyed up
quickened
spurred on
stimulated
tantalized
thrilled

_____
_____
_____
_____
_____
_____
_____
_____

LONELY - FORGOTTEN - LEFT OUT

abandoned
alienated
alone
bereft
cast aside
deserted
discarded
disliked
disowned
estranged
excluded
forgotten
forsaken
friendless
hated
homeless
ignored
isolated
jilted
left out
loathed
lonely
lonesome
lost
neglected
ostracized
outcast
overlooked
rebuffed
rejected
scorned
secluded
separated
shunned
slighted
snubbed
stranded
uninvited
unwelcome

_____
_____
_____
_____
_____
_____
_____
_____

ASHAMED - GUILTY - EMBARRASSED

abashed
accused
ashamed
awkward
blamed
branded
chagrined
cheapened
condemned
conscience stricken
currupt
debased
degraded
defiled
derided
denounced
disapproved of
disgraced
dishonoured
disreputable
doomed
embarrassed
guilty
humbled
humiliated
in a bind
in a predicament
in trouble
judged
mortified
put down
rebuked
red faced
regretful
remorseful
repentant
reprimanded
ridiculous
roasted
scandalized
sentenced
shamed
sheepish
silly
slammed
sorry
stigmatized
wrong

_____
_____
_____
_____
_____
_____
_____
_____

DISGUSTED - SUSPICIOUS

abhorrent
apathetic
arrogant
callous
cynical
derisive
despising
detesting
disgusted
displeased
distrustful
dogmatic
doubting
envious
grudging
hesitant
indifferent
jealous
loathing
mistrustful
nauseated
nonchalant
offended
pompous
presumptuous
queasy
repulsed
revolted
sickened
skeptical
sneering
suspicious

_____
_____
_____
_____
_____
_____
_____

ANGRY - HOSTILE - ENRAGED - IRRITATED

aggravated
aggressive
agitated
angry
annoyed
aroused
belligerent
bitter
boiling
bristling
brutal
bullying
contrary
cool
cranky
critical
cross
cruel
disagreeable
displeased
enraged
exasperated
ferocious
fierce
fighting
fired up
frenzied
fretful
fuming
furious
harsh
hateful
heartless
hostile
incensed
indignant
inflamed
infuriated
irked
irritated
mad
mean
out of sorts
outraged
perturbed
provoked
pushy
quarreling
raving
ready to explode
rebellious
resentful
revengeful
ruffled
spiteful
stern
stormy
vehement
vindictive
violent
vicious
wrathful

_____
_____
_____
_____
_____
_____

AFRAID - TENSE - WORRIED

afraid
agonizing
alarmed
anxious
apprehensive
cautious
concerned
disturbed
dreading
fearful
fidgety
frightened
hesitant
ill at ease
in a cold sweat
jittery
jumpy
nervous
on edge
panicky
petrified
quaking
quivering
restless
scared
shaken
tense
terrified
trembling
troubled
uncomfortable
uneasy
wary
worried

_____
_____
_____
_____
_____
_____
_____

HAPPY - ELATED -PEACEFUL - RELAXED

amused
at ease
blissful
buoyant
bright
brilliant
calm
carefree
charmed
cheerful
contented
delighted
ecstatic
elated
enchanted
enjoying
exalted
excellent
exhilarated
exulting
fantastic
fine
fit
flushed with success
full
glad
glorious
good
gratified
great
happy
in high spirits
inspired
joyous
joyful
jubilant
laughing
lighthearted
magnificent
majestic
marvelous
merry
optimistic
overjoyed
peaceful
pleasant
pleased
proud
rejoicing
relaxed
satiated
satisfied
serene
smiling
splendid
sunny
superb
sweet
terrific
thrilled
tremendous
turned on
witty
wonderful

_____
_____
_____
_____
_____
_____
_____

CURIOUS - ABSORBED

absorbed
analyzing
attentive
concentrating
considering
contemplating
curious
diligent
engrossed
inquiring
inquisitive
investigating
occupied
pondering
questioning
reasoning
reflecting
searching
thoughtful
weighing

_____
_____
_____
_____
_____
_____

KIND - HELPFUL - LOVING -FRIENDLY - THANKFUL

admired
adorable
affectionate
agreeable
altruistic
amiable
amorous
appreciative
ardent
benevolent
bighearted
brotherly
caring
charitable
cherished
Christian
comforting
compassionate
compatible
congenial
considerate
cooperative
cordial
dedicated
devoted
diligent
doting
earnest
empathic
fair
faithful
fond
forgiving
friendly
gallant
generous
genuine
gentle
giving
good
gracious
grateful
helpful
honest
honourable
humane
idolizing
indebted to
involved
just
kind
longing for
long-suffering
loving
mellow
merciful
mindful
neighbourly
nice
obliging
open
optimistic
passionate
patient
praiseful
respectful
rewarded
sensitive
sharing
soft-hearted
straightforward
sympathetic
tender
thankful
thoughtful
tolerant
treasured
trustful
understanding
unselfish
warmhearted

_____
_____
_____
_____
_____
_____
_____

VIGOROUS - STRONG - CONFIDENT

ablebodied
accomplished
adequate
adventurous
assured
blessed
bold
brave
brawny
capable
clever
competent
confident
courageous
daring
deft
determined
durable
dynamic
effective
efficient
encouraged
energetic
equal to the task
favoured
fearless
firm
fit
forceful
fortunate
gifted
hardy
healthy
in control
important
intelligent
keen
lionhearted
lucky
manly
mighty
nerves of steel
peppy
potent
powerful
promising
prosperous
qualified
robust
secure
self-confident
self-reliant
sharp
skillful
smart
spirited
stable
strong
sturdy
suited
sure
successful
together
tough
triumphant
victorious
vigorous
virile
well off
well suited
wise

_____
_____
_____
_____
_____

CONFUSED -SURPRISED - ASTONISHED

aghast
amazed
appalled
astonished
astounded
awed
awe struck
baffled
bewildered
bowled over
breathless
confounded
confused
dazed
dazzled
disconcerted
dismayed
disrupted
disturbed
dumbfounded
electrified
flabbergasted
gripped
horrified
impressed
in doubt
jarred
jolted
nonplussed
muddled
overpowered
overwhelmed
perplexed
puzzled
ruffled
shocked
speechless
staggered
startled
struck
stunned
stupefied
surprised
taken aback
uncertain

_____
_____
_____
_____
_____

WEAK - DEFEATED - SHY - BELITTLED

all in
at the mercy of
bashful
belittled
bent
broken down
chickenhearted
cowardly
crippled
crushed
decrepit
defeated
defective
deflated
demoralized
disabled
done for
drowsy
dwarfed
exhausted
failing
fatigued
feeble
fragile
frail
haggard
harassed
helpless
hungry
imperfect
impotent
inadequate
incapable
incapacitated
incompetent
ineffective
inefficient
inept
inferior
infirm
insecure
insulted
jeered at
laughed at
made small
maimed
meek
nagged
needy
neglected
nerveless
no good
obsolete
open to attack
paralyzed
powerless
puny
put down
run down
scoffed at
shaky
shattered
shy
small
sneered at
spent
strained
strengthless
tearful
timid
tired
troubled
unable
underestimated
underrated
unfit
unsure of self
unqualified
unworthy
useless
valueless
vulnerable
walked on
washed up
weak
whipped
worn out
worthless

_____
_____
_____
_____
_____
_____
_____
_____
_____

4.2.7 PRACTICE IN RECOGNIZING FEELINGS

In this exercise you are asked to recognize the feelings of persons. Read the statements below as though someone is speaking to you. The information is limited here to only the words you see and the way you mentally "hear" them. Of course, in actual conversations we usually have more information: facial expression, body language, tone of voice - all of which help us recognize what another person is feeling and meaning. It is easier to practice recognizing feelings in written statements first, and then use spoken statements later.

1. "A lot of people are being laid off where I work. I wonder if I'll be next."

   Person is feeling _____

2. "Well it's all settled. I'm off to Hawaii for a whole six weeks and I'm leaving this weekend!"

   Person is feeling _____

3. "I really thought I would get that job and I was really counting on it."

   Person is feeling _____

4. "Boy, I really liked him! I sure hope I see him again."

   Person is feeling _____

5. "I'm getting really fed up with my job. My boss is on my back all the time!"

   Person is feeling _____

SURFACE FEELINGS are those that are *obvious* from the words the other person uses and the way in which they are said. We can be pretty sure we are accurate about our recognition because we have some clear, definite evidence.

UNDERLYING FEELINGS are those we get by inferring, by guess or hunch, or by "reading between the lines." We do not have as much evidence to back up whether we are accurate or not about underlying feelings.

There is no clear-cut line between what is "surface" and what is "underlying". But we need a rough idea about the differences between the two because it will be important later as we decide what we are going to say in response to the other person, and when we say it.

EXAMPLE:

"It seems all they talk about on the T.V. news is crime and disasters. I'm really fed up with it! Can't they tell us about something positive for a change instead of being so depressing?"
Surface feelings tired of disapproving
Underlying feelings helplessness, discouragement, fear.

6. "I don't think this school is doing anything for my child! He hasn't made any progress at all. I don't know if he'll ever improve."
   Surface Feelings _____
   Underlying Feelings _____

7. "Then my supervisor came over and saw the mistake I'd made and he just laughed at me - right in front of everybody. I could have died! I didn't think it was funny at all."
   Surface Feelings _____
   Underlying Feelings _____

8. "I really wish we didn't have to move. All my friends are here, and I just know I'll never be able to make new friends like these in another town."
   Surface Feelings _____
   Underlying Feelings _____

9. "Just *everybody* is going out on the weekend. I never have anything to do on the weekend except sit around the house, and this weekend will be no different I guess. It sure gets boring."
   Surface Feelings _____
   Underlying Feelings _____

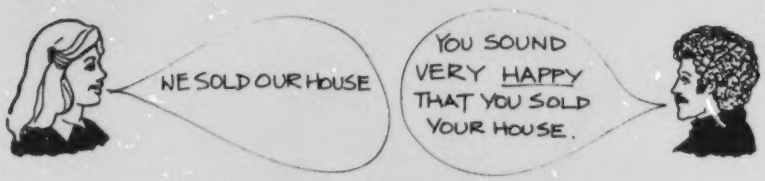
10. "My dad is drinking again. I could just strangle him when he goes on one of his binges, he's so disgusting, especially the way he treats my mom."
    Surface Feelings _____
    Underlying Feelings _____

11. "I've been waiting for ages! I thought you'd never get here! What took you so long?"
    Surface Feelings _____
    Underlying Feelings _____

12. "I really dread coming to work in the mornings, my job is really boring. But I can't quit, I have a family to support."
    Surface Feelings _____
    Underlying Feelings _____

INSTRUCTIONS: If you are working by yourself, then practice saying the next eighteen statements, trying to give each one a feeling suggested by one of the feeling words following the statements. It is very helpful to tape-record your statements and then listen to them.

If you are working with a partner, take turns with one person making a statement with a specific feeling while the other tries to identify and reflect the feeling. For example:

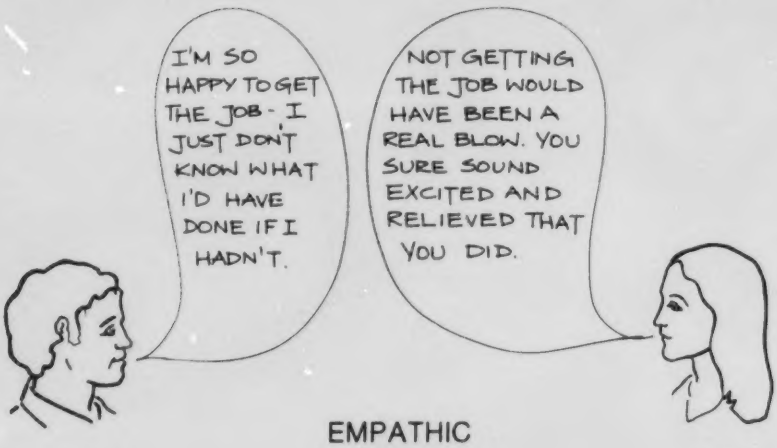


13. My favourite uncle is in the hospital. (sad worried lonely afraid)
14. We sold our house. (confident happy surprised sad)
15. I accomplished a lot today. (surprised proud happy tired)
16. Well, you learn something every day. (surprised proud happy amazed)
17. There sure are a lot of things to choose from. (confused pleased anxious thankful)
18. I shouldn't have done that. (worried insecure ashamed guilty)
19. That's not fair. (dejected confident helpless angry)
20. Our neighbours are so helpful. (envious surprised loving glad)
21. It's a three thousand mile trip. (uncertain afraid eager excited)
22. It sure is nice to get a chance to relax. (tired peaceful worried depressed)
23. There are two thousand employees where I work. (proud unimportant worried tired)
24. They gave me one of the most difficult jobs in the company. (confident proud infuriated afraid)
25. After all these years, it seems he could treat me better. (surprised hurt weary angry)
26. If we give it a good try, we can do it. (determined excited happy hopeful)
27. I've never seen it done before. (worried pessimistic discouraged hopeful)

28. I can't concentrate when I have to think about so many things. (frustrated afraid overworked worried)
29. They expect more from me than I can do. (angry scared irritated helpless)
30. Can we trust him? (worried confused suspicious afraid)

JACK TALKS ABOUT EVENTS AND FEELINGS, ETC.

JILL'S EMPATHIC LISTENING REPLIES REFLECT JACK'S FEELINGS AND THE CONTENT OF THE STATEMENTS.


I'M SO HAPPY TO GET THE JOB - I JUST DON'T KNOW WHAT I'D HAVE DONE IF I HADN'T.
NOT GETTING THE JOB WOULD HAVE BEEN A REAL BLOW. YOU SURE SOUND EXCITED AND RELIEVED THAT YOU DID.

EMPATHIC LISTENING REPLIES

LEAD TO

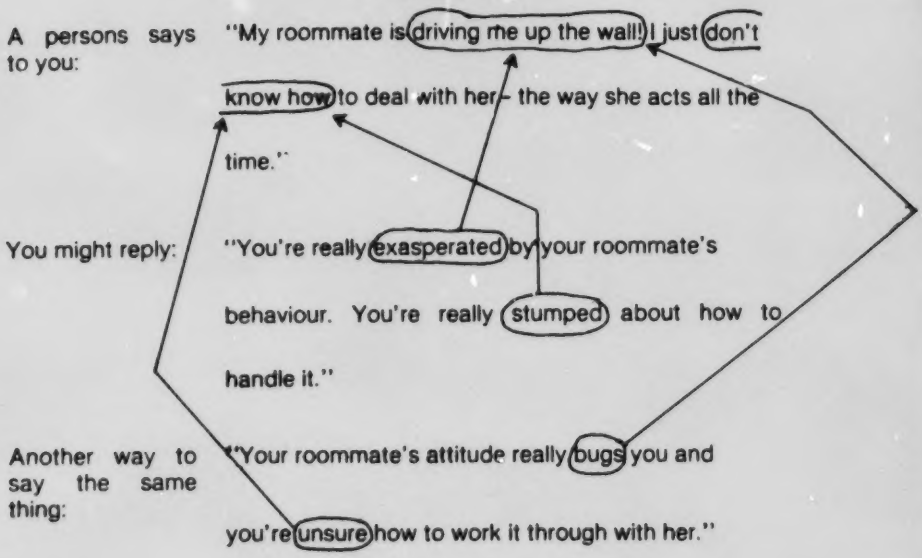
BETTER UNDERSTANDING AND STRONGER RELATIONSHIP

4.2.8 EXAMPLES OF EMPATHIC LISTENING

Most statements that people make have two parts: *content* and *feelings*. The Empathic Listening response also contains both content and feelings - the topic that the other person has talked about, and a reflection of *how he feels* about that.

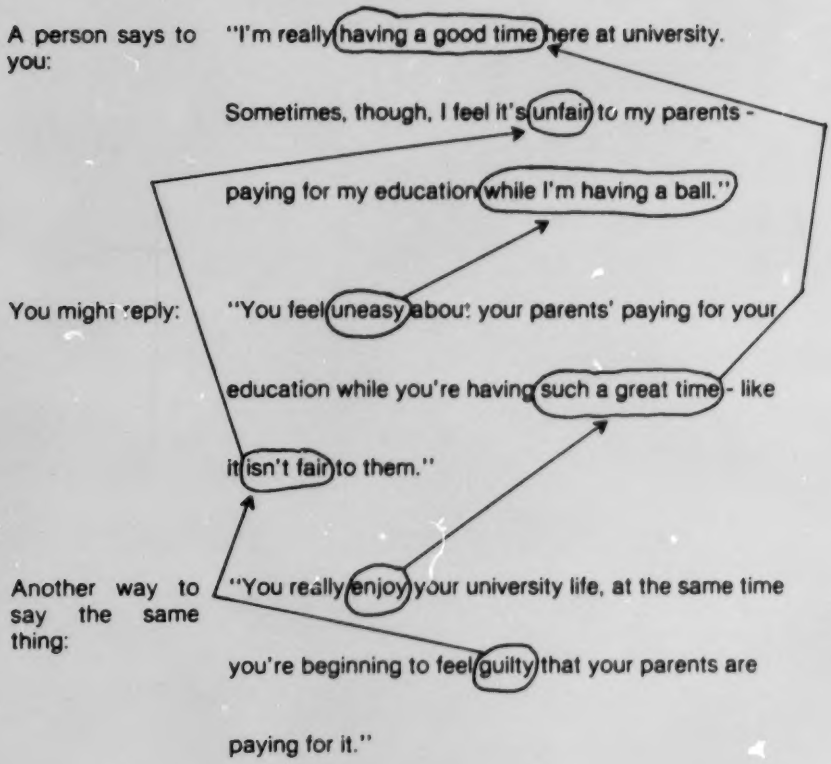
In studying how to use empathy you should try to learn *why* it can be beneficial when used at the right time. A few more examples of empathic listening are shown below. In them the words that describe feelings are circled. Arrows lead from the "feeling words" in the statement. Notice that in the response we are still talking about how the *other* person feels, *not* about how *we* feel.

EXAMPLE 1:


A persons says to you:
"My roommate is driving me up the wall! I just don't know how to deal with her - the way she acts all the time."
You might reply:
"You're really exasperated by your roommate's behaviour. You're really stumped about how to handle it."
Another way to say the same thing:
"Your roommate's attitude really bugs you and you're unsure how to work it through with her."

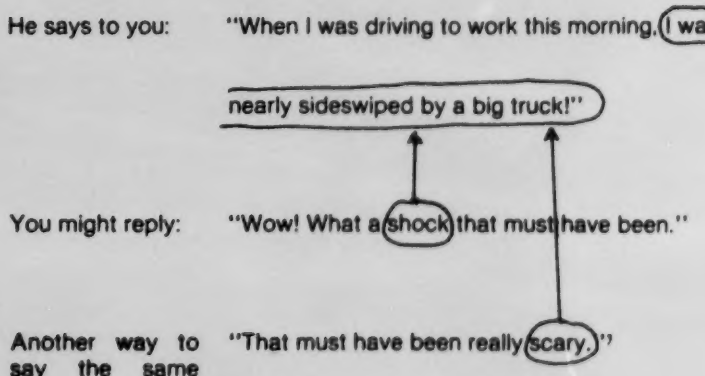
The important thing for you to notice is that content and feelings are included in each reply. The style in which it is said is not important. Get the right things in your reply, and it does not matter how you put the words together. If you give someone a nice present, they won't care how it's wrapped! Use your own style - it's best for you. But be sure that your responses include the right things. Empathic replies should include content and feelings.

EXAMPLE 2:


A person says to you:
"I'm really having a good time here at university.
Sometimes, though, I feel it's unfair to my parents -
paying for my education while I'm having a ball."
You might reply:
"You feel uneasy about your parents' paying for your
education while you're having such a great time - like
it isn't fair to them."
Another way to say the same thing:
"You really enjoy your university life, at the same time
you're beginning to feel guilty that your parents are
paying for it."

EXAMPLE 3:

In this example the person speaking does not put his feelings into words. You would pick up (recognize) the feelings through the content of what he describes.


He says to you:
"When I was driving to work this morning, I was
nearly sideswiped by a big truck!"
You might reply:
"Wow! What a shock that must have been."
Another way to say the same thing:
"That must have been really scary."

Now that you have had some practice in recognizing feelings, we can move on to recognizing and *replying* to feelings.

In the four situations below, you are to:

1. Identify and write down the main feeling(s),
2. Write a "formula" reply; that is:
   "You feel *(feelings)* because *(content)*."
3. Rewrite your formula reply in a more "natural" form.

Read the example below before proceeding to the four situations following:

EXAMPLE:

She says to you: "I don't know what to do. The doctor says I'm going home from the hospital tomorrow."
She is feeling worried

Your "formula" reply: "You feel apprehensive because the doctor announced that your going home tomorrow."

Rewritten in natural style: Finding out that you're going home tomorrow has got you really worried."

4.2.9 RECOGNIZING AND REPLYING TO FEELINGS

1.

He says to you: "It seems that everyone at the plant is taking their family on a holiday this summer. I wish I could do that for my family but we just can't afford it."
He is feeling: _____

Your reply (formula style): "You feel _____ _____ because _____ _____ _____."

Rewrite in natural style: "_____ _____ _____."

2.

She says to you: "I learned how to dive today and I'm the first one in my class to do it!"
She is feeling: _____
Your reply (formula style): "You feel _____ _____ because _____ _____ _____."
Rewrite in natural style: "_____ _____ _____."

3.

He says to you: "When he laughed at me in front of all those people I felt like punching him in the mouth!"
He is feeling: _____
Your reply (formula style): "You feel _____ _____ because _____ _____."
Rewrite in natural style: "_____ _____ _____."

4.

She says to you: "I just don't know about that new girl they hired. It seems she does everything she can just to please the boss. That doesn't make *me* look so good!"
She is feeling: _____
Your reply (formula style): "You feel _____ _____ because _____ _____."
Rewrite in natural style: "_____ _____ _____."

In the next six situations try to write a natural reply which reflects both content and feelings.

5.

She says to you: "I don't know why I try so hard. I put so many years into that friendship and now she says I don't care."

6.

He says to you: "I don't know if I should go to university this fall or spend some time seeing the world. There are a lot of things to consider - so many that I'm getting all muddled."

7.

She says to you: "I just got the promotion I'd been hoping for. It's just what I needed in my job - a real shot in the arm!"

8.

He says to you: "I just can't get my dad to listen to reason. I've tried to get him to see a doctor but he refuses to talk about it. I don't know what to do now.".

9.

She says to you: "The days seem so long since I have nothing to do now. Besides, no one seems to want to visit me anymore."

10.

He says to you: "My job is fairly secure right now, at least that's what I thought until I heard some of the guys talking about our being replaced by machines. Now I'm not so sure anymore."

4.2.10 HOW TO LISTEN WITH EMPATHY

1. Use good attending skills (look at the person, turn your body toward the person, pay attention to spacing).

2. Listen closely to *what* the person is saying and *how* he is saying it.

3. Watch for nonverbal clues to feelings.

4. Remember the content (what the other person is talking about) and the feelings (how they feel about what they are talking about).

5. Reply! Use words that describe the content and feelings in what you say. Respond to all you hear, but nothing more (time for that later). Give lots of attention to the person's feelings.

6. Keep listening. If you want to help, give all your attention to the other person.

IF YOU WANT TO HAVE GOOD COMMUNICATIONS WITH OTHER PERSONS, MAKE IT EASY FOR THEM TO BE NATURAL.

4.2.11 WHEN TO LISTEN WITH EMPATHY

1. To begin a relationship of trust and caring.
2. To help other persons understand themselves better and get more closely in touch with their feelings and attitudes.
3. When you find it hard to understand what another person is saying, or don't know what they mean by what they say.
4. To learn more about a person, especially feelings and reports of socially unacceptable behaviour or ideas.
5. When your ideas and the ideas of the other person are different. Empathic Listening will help you fully understand their views.
6. To fill time when you are not sure what other kind of communication style to use.

WHEN NOT TO LISTEN WITH EMPATHY

1. When the other person is seeking information only, or needs immediate action.
2. When the other person is inappropriate (abusive, seductive, aggressive).
3. When the other person talks all the time so they can push you around, or so they can keep from talking about something important that should be discussed.
4. When the other person is not in touch with reality, is suicidal, intoxicated, or depressed.
5. When empathic listening no longer produces new information (feelings or content) from the other person.

STOP BEFORE YOU SPEAK...

LOOK AT THE NONVERBAL SIGNS!

LISTEN TO THE WORDS!

4.2.12 COMMON MISTAKES IN EMPATHIC LISTENING

1. Sounding like a parrot or a robot.
2. Talking about content only, ignoring feelings.
3. Giving cheap advice.
4. Using poor attending skills. You sound good, but you look like you couldn't care less.
5. Shifting attention to yourself. Talking instead of listening.
6. Having no energy. You must be as intense in your words and emphasis as the other person.
7. Sliding into non-helpful replies such as joking, making judgements, reassuring, etc.
8. Using Empathic Listening when it is *not* the best method.

4.2.13 WHY EMPATHIC LISTENING WORKS

1. THE OTHER PERSON SETS THE PACE. You let them take the lead in the conversation. You don't push them faster than they want to go. This builds trust.

2. THE OTHER PERSON IS COMPLETELY FREE TO BE NATURAL. That's a rare opportunity. The other person will probably take advantage of it by relaxing and behaving in the ways that are most real and honest. When you show that you can be trusted, other persons are free to tell you about their hurts, their secrets, and their ambitions. The result - you can *really* know them.

3. THE OTHER PERSON GETS MORE SELF-UNDERSTANDING. In a mirror you can see things about your physical self that cannot otherwise be seen. In the same way, Empathic Listening serves as a mirror in which persons can see their behaviours and attitudes more completely. This helps them understand themselves better and forces them to decide whether or not they like themselves the way they are, or if they want to change.

4. TO EMPATHICALLY LISTEN IS TO GIVE SOMETHING VALUABLE. Empathic Listening is hard work and the other person knows it. When you listen with Empathy, you prove to the other person that you care.

5. IT KEEPS YOU OUT OF TROUBLE. While you are engaged in Empathic Listening, you will not do anything that is punishing, painful, or hurtful to the other person.

6. EMPATHIC LISTENING CLARIFIES AND REDUCES CONFUSION.

7. EMPATHIC LISTENING CREATES A RELAXED, TRUSTING ATMOSPHERE AND REDUCES THREAT.

8. EMPATHIC LISTENING ENCOURAGES "CONNECTED" COMMUNICATION.

NOTE:

Through the process of giving and receiving help, persons may talk about strong, unpleasant feelings. Talking about the feelings does not create the feelings - they are already there. It may seem to make the feelings stronger because a person no longer denies the feelings, but speaks about them openly. Do not be afraid of this. At the same time, talking about feelings is not sufficient to change them - it is only the beginning of understanding and working toward action to change.

4.2.14 EMPATHIC CONVERSATION "LEADS"

Sometimes it is difficult to know just how to start an empathic reply. If you have some reason to believe that the person with whom you are talking is *receptive and wishes to be understood*, then some phrases which are useful "leads" in empathic responding are:

You feel . . .
From your point of view . . .
It seems to you . . .
In your experience . . .
From where you stand . . .
As you see it . . .
You think . . .
You believe . . .
What I hear you saying . . .
You're. . . (identify the feeling; e.g., angry, sad, overjoyed)
I'm picking up that you . . .
I really hear you saying that . . .
Where you're coming from . . .
You figure . . .
You mean . . .

Phrases that are useful when you are *having some difficulty recognizing what the other person is feeling or saying*, or it seems that the other person *might not be receptive* to your communications:

Could it be that . . .
I wonder if . . .

I'm not sure if I'm with you, but . . .
Would you buy this idea . . .
What I guess I'm hearing is . . .
Correct me if I'm wrong, but . . .
Is it possible that . . .
Does it sound reasonable that you . . .
Could this be what's going on, you . . .
From where I stand you . . .
This is what I think I hear you saying . . .
You appear to be feeling . . .
It appears you . . .
Perhaps you're feeling . . .
I somehow sense that maybe you feel . . .
Is there any chance that you . . .
Maybe you feel . . .
Is it conceivable that . . .
Maybe I'm out to lunch, but . . .
I'm not sure if I'm with you; do you mean . . .
I'm not certain I understand; you're feeling . . .
It seems that you . . .
As I hear it, you . . .
. . . is that the way it is?
. . . is that what you mean?
. . . is that the way you feel?
Let me see if I understand; you . . .
Let me see if I'm with you; you . . .
I get the impression that . . .
I guess that you're . . .

4.2.15 DEFINING MINUS EMPATHY, EMPATHY, PLUS EMPATHY

Empathy can be evaluated according to levels of empathy present in the speaker's expression. There have been various rather complicated schemes developed for measuring empathy. Most experts would agree that an effective empathic counsellor response is one which conveys to the client that the counsellor understands both the concepts which the client is expressing and the feelings associated with the concepts.

In the following exercise, three levels of empathy are defined:

1. *Minus Empathy*: the counsellor's response fails to convey an understanding of the client's message in either the concept or feeling elements, or both — in some instances the meaning of the client's message is *reduced* or *denied*. In other cases it is simply ignored.

2. *Empathy*: the counsellor's response conveys an understanding of the client's meaning. An understanding of both *concepts* [sometimes called "content"] and *feelings* [sometimes referred to as "affect"] are identified and reflected in the counsellor's response.

3. *Plus Empathy*: the counsellor's response clearly conveys an understanding of both the conceptual and feeling elements of the client utterance, *and* tries to identify what the client *implies* or *leaves out*. The counsellor is attempting to *elaborate* or *extend* the client meaning beyond what the client actually said. Another type of empathy plus is a reply which includes reflection of message and elaborates the implied meaning and goes one step further to suggest a *next step*.

An example of these three levels of counsellor response to a client statement follows:

Client: I'm burned out with teaching. I'd like to change jobs, but you know it's hard to find a good job now. It's pretty discouraging.

Counsellor #1: I guess that you don't want to leave a good paying job.

This reply is: *Minus Empathy*.
Because: The counsellor's response *leaves out* much of the meaning stated by the client.

Counsellor #2: Teaching is a pretty good field to be in, you know.

This reply is: *Minus Empathy*.

Because: The counsellor's response has the effect of *disqualifying* [you'd better smarten up and realize what a good thing you've got!] or *denying* what the client has just said.

Counsellor #3: You sound pretty discouraged.

This reply is: *Minus Empathy*.

Because: While the counsellor's reply does reflect one feeling [discouragement] which the client stated, it still leaves out all of the conceptual meaning and part of the feeling message.

Counsellor #4: You're feeling pretty discouraged because teaching is getting you down and you'd like to get another job but you're not sure how much luck you'd have finding a good job.

This reply is: *Empathic*.

Because: The counsellor's reply reflects the feelings of being burned out, discouragement and uncertainty as well as the literal or conceptual content of the teaching job plus anticipated difficulty yet desirability of finding another "good" job.

Counsellor #5: You're feeling discouraged about the way teaching has become a burn-out situation for you but getting a different, good job seems pretty chancey to you.

This reply is: *Empathic*.

Because: As in #4, this response reflects all of the elements of the client statement.

Counsellor #6: Life is discouraging for you right now. Teaching has become a burn-out proposition, you'd really like to get a different job and you aren't sure whether you could or not because good jobs are scarce. (I sense that while teaching gives you security — and this is important to you — at the same time you're worried about the way you're getting drained — you're feeling both negative and positive about your job.)

This reply is: *Empathy Plus*.

Because: The counsellor's response goes beyond the good reflection of the client's message. The counsellor tries to elaborate on what the client *seemed* to imply — that the present job is both negative and positive for the client.

Counsellor #7: Teaching is burning you out, you'd like to change jobs but good jobs are scarce these days — you're feeling discouraged about your work. (I think I may also hear you saying that teaching *does* give you economic security so that while you'd like another job, not just any job would be OK. You'd want the material benefits of your present job plus you'd want it to be emotionally fulfilling rather than draining. You sound like you don't know for sure what steps to take to get such a job. One thing we could do is to develop a preferred job profile for you and see what you like in an ideal job.)

This reply is: *Empathy Plus*.

Because: The counsellor goes beyond reflection of the client's basic message and tries to identify the *implied* meanings that the client needs to *keep* economic security and *find* emotional fulfillment, and that the client is *uncertain* about what to do next. Further, the counsellor suggests a *next step*.

There are several important points to keep in mind about empathy. First, the training objective is to practice using empathy to the point where it feels "natural" to use Empathic replies in counselling conversation. Third, Empathy plus replies are efforts to reveal meaning at a deeper, more significant, and sometimes intense levels which clients have *implied* but not stated. Empathy is also conveyed by such non-verbal behaviours as eye-contact, forward-leaning body position, facing the client, open arm position, voice warmth and facial expression. Empathy is a learned orientation and most trainees express discomfort, feelings of unnaturalness, awkwardness and out-right rejection when first practising empathic responding. While the skill of empathy is certainly important, even more important is the mental set or *intention* to understand the other person together with the *desire* to demonstrate this understanding in an explicit fashion.

Practice Statements

1. Client: I've always wanted to be an engineer, but I've been discouraged from doing this.
   Counsellor: Oh, well you should probably think of something else, then.

   This response is:

   Because:

2. Client: I don't understand why this accident happened to me; I've always led a good life; now this.
   Counsellor: You feel resentful because you can't explain why this unexpected accident happened to you. At least you'd like to figure out some reason to make it seem fair.

   This response is:

   Because:

3. Client: My teacher always picks on me.
   Counsellor: Why do you think she does that?

This response is:

Because:

4. Client: I've had a bad year at school. I got myself into more than I had counted on. I don't know where to go from here.

Counsellor: You're feeling worried and upset about the way school has gone for you. You had more work and problems you hadn't anticipated, now you are confused about what to do next. I sense that you may be feeling disappointed, too. One thing we would do is pin down just how your school work this year seems to affect your over-all educational goal so that we can find some alternatives for the future.

This response is:

Because:

5. Client: My parents are divorcing. I wish they wouldn't.

Counsellor: You think that your parents are doing the wrong thing.

This reply is:

Because:

6. Client: The doctor says I should go back into the hospital for more tests, but I'll be damned if I'm going to do that.

Counsellor: Even though your doctor is urging you to get more tests in the hospital, you are feeling very determined not to go back into the hospital. I sense that you are pretty fed up with all these tests - it must be frustrating - even scary.

This reply is:

Because:

7. Client: It's been hard for me to adjust since I've retired. The days are just so dull and empty.

Counsellor: Surely there are lots of things to do. Have you been to the Senior Citizen's Centre?

This response is:

Because:

4.2.16 OBSERVING CLIENT/COUNSELLOR NONVERBAL INTERACTIONS[8]

Non-verbal messages play a very important part in most forms of human interaction-certainly in counselling. Research on non-verbal cues suggests that in ordinary conversation as much as 75% of meaning is conveyed by non-verbal messages.

Feelings, ideas and behaviours are expressed in terms of all parts of the body, body movement and body functions. At the level of folk wisdom, our language reflects an intuitive knowledge of the important part non-verbals play in human communication. For example, we use such phrases as "stiff upper lip", "losing one's head", "knotted stomach", "low blow", "broken hearted", and so on.

Researchers label three categories of non-verbal behaviours which are significant for communication: kinesics, paralinguistics, and proxemics. The term "kinesics" refers to body motion, gestures, facial expressions, eye movements and posture. "Paralinguistics" refers to voice qualities, vocal cues and pauses or silence within speech. "Proxemics" refers to spatial factors such as distancing between speaker and listener(s), size of room or speech situation, seating arrangements, etc.

In practice, it is the interaction of non-verbal message with verbal messages which often has the greatest significance in a counselling situation. Verbal messages may be influenced by non-verbal cues in at least five ways:

1. *Reiteration*: the verbal message "Please come in" is reiterated by the beckoning hand gesture.
2. *Contradiction*: the verbal message "Of course I'm listening" is contradicted by looking out of the window when the other is speaking.

3. *Substitution*: Someone asks you "How you are?" Instead of replying verbally "I'm feeling good", you smile at the person asking you. The smile is a substitute for verbalizing.
4. *Accent*: Non-verbal cues can emphasize verbal messages and even increase the impact of the verbal message. When a person is *talking about* a concern, the message may be accented by non-verbal cues such as furrowed eyebrows, strained voice, hand-twisting, tears and so on. Facial expressions usually convey the *kind* of feeling being expressed while the body communicates intensity of emotion.
5. *Regulation*: Non-verbal messages help to *regulate* the flow of a conversation. For example, if you nod your head often during another person's communication and just *after* a person speaks, the person is more likely to keep on speaking than if no head-nodding occurs. On the other hand, if you look away while a person speaks they will usually either discontinue talking more quickly than if you maintained direct eye contact, or conversely, they may begin to talk more rapidly and loudly in an effort (unconsciously) to regain your attention.

Counsellor awareness of non-verbal message can aid significantly in the process of empathic understanding. It is important to realize that non-verbal meanings vary from person to person, from culture to culture, and even the same person may give off different non-verbal signals to similar stimuli in different *contexts*. Squirming may mean anxiety for one person, back pain for another, stomach ache for another, and impatience, disagreement or disinterest for others.

The following table is an Inventory of Non-verbal Communication, most of which might appear in counselling situations. Of course, not all possible meanings are provided, nor will each example necessarily fit a specific real-life event. The Inventory is presented to: 1) help you think in an organized way about non-verbal communication in your own "helping" situation; 2) serve as a guide in aiding you to learn how to *observe* non-verbal messages; and 3) to provide you with enough data to help prevent you from simplistically interpreting non-verbal cues in "pop" psychology fashion.

TABLE 1 Inventory of Non-Verbal Communication with Some Suggestions for Interpretation

Non-verbal Dimensions	Behaviours	Description of Counsellor-Client Interaction	Possible Effects or Meanings
KINESICS			
Eyes			
_____	Direct eye contact	Client has just shared concern with counsellor. Counsellor responds; client maintains eye contact.	Readiness or willingness for interpersonal communication or exchange; attentiveness.
_____	Lack of sustained eye contact	Each time counsellor brings up the topic of client's family, client looks away.	Withdrawal or avoidance of interpersonal exchange; or respect or deference.
		Client is a Mexican immigrant who demonstrates intermittent breaks in eye contact while conversing with counsellor.	Respect or deference.
		Client mentions sexual concerns, then abruptly looks away. When counsellor initiates this topic, client looks away again.	Withdrawal from topic or conversation; discomfort or embarrassment; or preoccupation.
_____	Lowering eyes — looking down or away	Client talks at some length about alternatives to present job situation. Pauses briefly and looks down. Then resumes speaking and eye contact with counsellor.	Preoccupation
_____	Staring or fixation on person or object	Counsellor has just asked client to consider consequences of a certain decision. Client is silent and gazes at a picture on the wall.	Preoccupation; possibly rigidness or uptightness.

_____	Darting eyes or blinking rapidly — rapid eye movements; twitching brow	Client indicates desire to discuss a topic yet is hesitant. As counsellor probes, client's eyes move around the room rapidly.	Excitation or anxiety; or wearing contact lenses.
_____	Squinting or furrow on brow	Client has just asked counsellor for advice. Counsellor explains role and client squints, and furrows appear in client's brow.	Thought or perplexity; or avoidance of person or topic.
		Counsellor suggests possible things for client to explore in difficulties with parents. Client doesn't respond verbally; furrow in brow appears.	Avoidance of person or topic.
_____	Moisture or tears	Client has just reported recent death of father; tears well up in client's eyes.	Sadness; frustration; sensitive areas of concern.
		Client reports real progress during past week in marital communication; eyes get moist.	Happiness
_____	Eye Shifts	Counsellor has just asked client to remember significant events in week; client pauses and looks away; then responds and looks back.	Processing or recalling material; or keen interest; satisfaction.
_____	Pupil dilation	Client discusses spouse's sudden disinterest and pupils dilate. Client leans forward while counsellor talks and pupils dilate.	Alarm; or keen interest Keen interest; satisfaction
Mouth			
_____	Smiles	Counsellor has just asked client to report positive events of the week. Client smiles, then recounts some of these instances.	Positive thought, feeling, or action in content of conversation; or greeting.

Non-verbal Dimensions	Behaviours	Description of Counsellor-Client Interaction	Possible Effects or Meanings
		Client responds with a smile to counsellor's verbal greeting at beginning of interview.	Greeting
_____	Tight lips (pursed together)	Client has just described efforts at sticking to a difficult living arrangement. Pauses and purses lips together.	Stress or determination; anger or hostility.
		Client just expressed irritation at counsellor's lateness. Client sits with lips pursed together while counsellor explains the reasons.	Anger or hostility.
_____	Lower lip quivers or biting lip.	Client starts to describe her recent experience of being raped. As client continues to talk, her lower lip quivers; occasionally she bites her lip.	Anxiety or sadness.
		Client discusses loss of parental support after a recent divorce. Client bites her lip after discussing this.	Sadness
_____	Open mouth without speaking	Counsellor has just expressed feelings about a block in the relationship. Client's mouth drops open; client says he or she was not aware of it.	Surprise; or suppression of yawn — fatigue.
		It has been a long session. As counsellor talks, client's mouth parts slightly.	Suppression of yawn — fatigue.
Facial Expressions			
_____	Eye contact with smiles	Client talks very easily and smoothly, occasionally smiling; maintains eye contact for most of session.	Happiness or comfortableness

_____	Eyes strained; furrow on brow; mouth tight	Client has just reported strained situation with a child. The client sits with lips pursed together and a frown.	Anger; or concern; sadness.
_____	Eyes rigid, mouth rigid (unanimated)	Client states she or he has nothing to say; there is no evident expression or alertness on client's face.	Preoccupation; anxiety; fear.
Head			
_____	Nodding head up and down	Client just expressed concern over the status of his or her health; counsellor reflects client's feelings. Client nods head and says "That's right."	Confirmation; agreement or listening, attending
		Client nods head during counsellor explanation.	Listening; attending.
_____	Shaking head from left to right	Counsellor has just suggested that client's continual lateness to sessions may be an issue that needs to be discussed. Client responds with "No" and shakes head from left to right.	Disagreement; or disapproval
_____	Hanging head down, jaw down toward chest	Counselor initiates topic of termination. Client lowers head toward chest, then says he or she is not ready to stop the counselling sessions.	Sadness; concern.
Shoulders			
_____	Shrugging	Client reports that spouse just walked out with no explanation. Client shrugs shoulders while describing this.	Uncertainty; or ambivalence
_____	Leaning forward	Client has been sitting back in the chair. Counsellor discloses something about herself or himself; client leans forward and asks counsellor a question about the experience.	Eagerness; attentiveness; openness to communication.

Non-verbal Dimensions	Behaviours	Description of Counsellor-Client Interaction	Possible Effects or Meanings
_____	Slouched, stooped, rounded or turned away from person	Client reports feeling inadequate and defeated because of poor grades; slouches in chair after saying this. Client reports difficulty in talking. As counsellor pursues this, client slouches in chair and turns shoulders away from counsellor.	Sadness or ambivalence; or lack of receptivity to interpersonal exchange.
Arms and Hands			
_____	Arms folded across chest	Counsellor has just initiated conversation. Client doesn't respond verbally; sits back in chair with arms crossed against chest.	Avoidance of interpersonal exchange or dislike.
_____	Trembling and fidgety hands	Client expresses fear of suicide; hands tremble while talking about this.	Anxiety or anger.
		In a loud voice, client expresses resentment; client's hands shake while talking.	Anger
_____	Fist clenching to objects or holding hands tightly.	Client has just come in for initial interview. Says that he or she feels uncomfortable; hands are clasped together tightly.	Anxiety or anger
		Client expresses hostility toward boss; clenches fists while talking.	Anger
_____	Arms unfolded — arms and hands gesturing in conversation.	Counsellor has just asked a question; client replies and gestures during reply.	Accenting or emphasizing point in conversation; or openness to interpersonal exchange.

		Counsellor initiates new topic. Client readily responds; arms are unfolded at this time.	Openness to interpersonal exchange.
_____	Rarely gesturing, hands and arms stiff	Client arrives for initial session. Responds to counsellor's questions with short answers. Arms are kept down at side.	Tension or anger.
		Client has been referred; sits with arms down at side while explaining reasons for referral and irritation at being here.	Anger
Legs and Feet			
_____	Legs and feet appear comfortable and relaxed.	Client's legs and feet are relaxed without excessive movement while client freely discusses personal concerns.	Openness to interpersonal exchange; relaxation
_____	Crossing and uncrossing legs repeatedly	Client is talking rapidly in spurts about problems; continually crosses and uncrosses legs while doing so.	Anxiety; depression
_____	Foot-tapping	Client is tapping feet during a lengthy counsellor summary; client interrupts counsellor to make a point.	Anxiety; impatience — wanting to make a point.
_____	Legs and feet appear stiff and controlled	Client is open and relaxed while talking about job. When counsellor introduces topic of marriage, client's legs become more rigid.	Uptightness or anxiety; closed to extensive interpersonal exchange.
Total Body			
_____	Facing other person squarely or leaning forward	Client shares a concern and faces counsellor directly while talking; continues to face counsellor while counsellor responds.	Openness to interpersonal communication and exchange.

Non-verbal Dimensions	Behaviours	Description of Counsellor-Client Interaction	Possible Effects or Meanings
_____	Turning of body orientation at an angle, not directly facing person, or slouching in seat.	Client indicates some difficulty in "getting into" interview. Counsellor probes for reasons; client turns body away.	Less openness to interpersonal exchange.
_____	Rocking back and forth in chair or squirming in seat	Client indicates a lot of nervousness about an approaching conflict situation. Client rocks as this is discussed.	Concern; worry; anxiety
_____	Stiff — sitting erect and rigidly on edge of chair	Client indicates some uncertainty about direction of interview; sits very stiff and erect at this time.	Tension; anxiety; concern
PARALIN-GUISTICS Voice Level and Pitch			
_____	Whispering or inaudibility	Client has been silent for a long time. Counselor probes; client responds, but in a barely audible voice.	Difficulty in disclosing.
_____	Pitch changes	Client is speaking at a moderate voice level while discussing job. Then client begins to talk about boss and voice pitch rises considerably.	Topics of conversation have different emotional meanings

Fluency in Speech			
_____	Stuttering, hesitations, speech errors	Client is talking rapidly about feeling uptight in certain social situations; client stutters and makes some speech errors while doing so.	Sensitivity about topic in conversation; or anxiety and discomfort
_____	Whining or lisp	Client is complaining about having a hard time losing weight; voice goes up like a whine.	Dependency or emotional emphasis
_____	Rate of speech slow, rapid, or jerky	Client begins interview talking slowly about a bad weekend. As topic shifts to client's feelings about herself or himself, client talks more rapidly.	Sensitivity to topics of conversation; or topics have different emotional meanings
_____	Silence	Client comes in and counsellor invites client to talk; client remains silent.	Reluctance to talk; or preoccupation
		Counsellor has just asked client a question. Client pauses and thinks over a response.	Preoccupation; or desire to continue speaking after making a point.
		A Chinese-Canadian client talks about his or her family. Pauses, then resumes conversation to talk more about same subject.	Desire to continue speaking after making a point.
Autonomic Responses			
_____	Clammy hands, shallow breathing, sweating, pupil dilation paleness, blushing, rashes on neck	Client discusses the exciting prospect of having two desirable job offers. Breathing becomes faster and client's pupils dilate.	Arousal — positive (excitement, interest) or negative (anxiety, embarrassment.)

Non-verbal Dimensions	Behaviours	Description of Counsellor-Client Interaction	Possible Effects or Meanings
		Client starts to discuss sexual concerns; breathing becomes shallow and red splotches appear on neck.	Anxiety, embarrassment
PROXEMICS Distance			
_____	Moves away	Counselor has just confronted client; client moves back before responding verbally.	Signal that space has been invaded; increased arousal, discomfort.
_____	Moves closer	Midway through session, client moves chair toward helper.	Seeking closer interaction, more intimacy.
Position in Room			
_____	Sits behind or next to an object in the room, such as table or desk.	A new client comes in and sits in a chair that is distant from counsellor.	Seeking protection or more space.
_____	Sits near counsellor without any intervening objects.	A client who has been in to see counsellor before, sits in chair closest to counsellor.	Expression of adequate comfort level.

The following four learning activities are designed to give you an opportunity to develop your awareness of non-verbal communication through practice.

I

Learning Activity: Client Nonverbal Communication

The purpose of this activity is to have you sample some forms of nonverbal behaviours for different regions of the body associated with varying emotions. You can do this in dyads or in a small group. Act out each of the five different emotions listed below, using your face, body, arms, legs and voice qualities.

1. Sadness, depression
2. Pleasure, satisfaction
3. Anxiety, agitation
4. Anger
5. Confusion, uncertainty

As an example, if the emotion to be portrayed is "surprise", show how your eyes, mouth, face, head, and shoulders, arms, hands, legs and feet, and total body might behave in terms of movement or posture. Also, indicate what your voice level and pitch would be like, and how fluent your speech might be. After someone portrays one emotion for all regions of the body and aspects of speech, other members of the group can share how their nonverbal behaviours might differ with respect to the same emotion.

II

Learning Activity: Responding to Client Nonverbal Cues

The purpose of this activity is to practice verbal responses to client nonverbal behaviours. One person portrays client (1) giving congruent messages between verbal and nonverbal behaviour; (2) giving mixed messages; (3) being silent: (4) rambling and delivering a lot of information; and (5) portraying a rather obvious change from the beginning of the interview to the end of the interview in nonverbal behaviour. The person playing the counselor responds verbally to each of these five portrayals. After going through all of these portrayals with an opportunity for the role-play counsellor to respond to each, switch roles. During these role-plays, try to focus primarily on your responses to the other person's nonverbal behaviour.

III

Learning Activity: Counsellor Nonverbal Communication

The purpose of this activity is to have you experience the effects of different kinds of nonverbal behaviour. You can do this in dyads or groups or outside a classroom setting.

1. Observe the response of a person you are talking with:
   a) You look at the person or have relaxed eye contact.
   b) You don't look at the person consistently; you avert your eyes with only occasional glances.
   c) You stare or gaze at the person.
   Obtain a reaction from the other person about your behaviour.
2. With other people, observe the effects of varying conversational distance. Talk with someone at a distance of (a) 2 feet or ½ meter, (b) 4 feet or 1 meter, and (c) 8 feet or 2 meters. Observe the effect distances have on the person.
3. You also can do the same kind of experimenting with your body posture. For example, contrast the effects of body positions in conversation: (a) slouching in seat, leaning back, and turning away from the person, compared with (b) facing the person, with a slight lean forward toward the person (from waist up), and with body relaxed.

You may wish to use the following short check-list in observing other trainer-client interactions (or your own on video-tape). Remember that one of the main reasons to improve one's ability to observe and accurately interpret the meaning of non-verbal behaviours is that such observations supplement, confirm, or disconfirm the meaning of the clients' words. Thus, observing non-verbal behaviours is an important method of expanding one's listening.

Instructions: Determine whether the counsellor did or did not demonstrate the desired non-verbal behaviours listed in the right column. Check "yes" or "no" in the left column to indicate your judgement.

Demonstrated Behaviours		Desired Behaviours
Yes	No	
____	____	*Eye Contact* — Maintained persistent eye contact without gazing or staring.
1. Eyes		
____	____	*Facial expression* — Punctuated interaction with occasional head nods.
2. Head nods		
____	____	*Mouth* — Punctuated interaction with occasional smiles.
3. Smiles		
____	____	
4. Facing client		
____	____	*Body orientation and posture* — Faced the other person, slight lean forward (from waist up) body appeared relaxed.
5. Leaning forward		
____		____
6. Relaxed body		
____	____	*Paralinguistics* — Completed sentences without "uhs" or hesitations in delivery, asked one question at a time, did not ramble.
7. Completed sentences		
____	____	
8. Smooth delivery no speech errors		
____	____	*Distance* — Seats of counsellor and client were between 3 feet, or 1 meter, and 5 feet, or 1½ meters apart.
9. Distance		

4.2.17 BEYOND EMPATHY

The first great value of empathic listening is that it unequivocally establishes that the counsellor has a clear understanding of the client's situation. This is of the utmost importance in and of itself. Yet, the significance of empathy does not stop here — the counsellor who has mastered empathy is now able to go *beyond* empathy.

What is meant by *going beyond empathy*? What is meant is this: empathy establishes the necessary foundation upon which to base all other counselling interventions and strategies. An empathic understanding of the client's situation provides a necessary foothold from which other helping procedures: behaviour change strategies, cognitive restructuring, contracting, role-playing, confrontation and so on, can be initiated. We can take the example of confrontation to make this point more clear.
Consider the three-step model of confrontation: empathy, confrontation, open- prompt.

	Client:	Well, you see I'd really like to apply for that new job that's being posted — it would be more interesting to me and I'd get raises faster. But if I got the job I'd have to take a month of retraining first and I don't know if I could afford it — I think my wife would kill me if I told her I was changing jobs again, — maybe it's best just to forget it.
Client presents contradictory ideas		
	Counsellor:	You'd like to have the new job — it suits you better and pays better, too. If you got it you'd be on retraining for a month and that would mean less money for the month. Also, you're edgy about how you believe your wife would react — you're thinking its maybe best just to forget it.
Empathy Paraphrase		
	Client:	Yeah — sometimes it's just not worth the hassle — probably wouldn't get it anyway.
Confirms that the counsellor has understood		

[Step 2 requires that the counsellor *temporarily* take the initiative away from the client by telling the client how he or she (the counsellor) interprets what the client has said to be contradictory or discrepant]

Counsellor: Well, John, on the one hand you've got pretty strong reasons for being interested in the new job yet you seem to be ready just to not even apply because you think your wife may not be happy if you change jobs. To me, there seems to be something of a contradiction there.

Confrontation

Client: [The client just looks at the counsellor and frowns.]

[The third step occurs when the counsellor gives the initiative back to the client who can accept or reject the confronting information given to him by the counsellor. For example:]

Counsellor: John, what do you think about what I've said?

Client A: Well it *is* hard, I just don't know *what* to do. If it was just me, I'd jump at the chance to get that job.

Accepts

Counsellor: Ok, you really would like to apply. Let's explore that a little more and see if we can figure out *all* the pros and cons.

Client B: Well, it may sound that way to you, but that's the way I feel. It was just a stupid idea anyway.

Rejects

Counsellor: I guess you really don't want to think about *that* anymore. Is that right?

The success of confrontation rests upon the degree of readiness for open discussion which a client demonstrates — readiness for discussion is in turn built upon empathy. The process goes: empathy [promotes readiness]; confrontation [counsellor initiated discrepant observation]; and prompting or open-ended question [which gives the initiative back to the client and promotes a problem-solving attitude.

5.0 LEARNING SKILLFUL EXPRESSION IN COUNSELLING[1]

The capacity to express ideas, feelings, information, values and attitudes is just as important as the ability to receive and understand. Interpersonal sensitivity and competency requires both receptivity and expressivity. It is important to recognize that what constitutes effective expression is, at least in part, defined by the context within which the expression is occurring. I recently watched an interview with the well-known actor, Robert Deniro. His capacity as an actor which means his ability to express himself in a theatrical context is regarded as excellent. He is famous for his skill in portraying scenes of great power and emotion. Yet in ordinary conversation he is rather inarticulate. His ordinary conversation is filled with uncompleted sentences and he relies heavily on head and hand gestures which leave the listener having to guess what he actually means.

With a little reflection, we can easily recognize that what is regarded as effective and appropriate expression varies considerably as we move across different contexts: selling, preaching, teaching, acting, scientific reporting, instructing a tugboat crew and so on. While there are some common communication elements in all contexts, each has special features which are not inherent in other contexts.

Counselling is no exception in this regard. We have already stressed the importance of listening and have outlined procedures for improving the capacity to listen. Now we will turn to the expressive mode in counselling. We have in mind primarily the counsellor's ability of effective expression within counselling conversation.

By extension, the skills which enable the counsellor to express effectively also are useful for clients to learn. This occurs in two ways. First, through *imitation*. If the counsellor is a good *model* of expression, then the client will have opportunity to improve his or her own expressive ability by observing and imitating the counsellor's speech habits.

Secondly, and under certain circumstances, the counsellor will directly *teach* effective expression skills to the client. This indicates an *educational* aspect to the counselling process.

Counselling conversation is significantly different from many other types of communication in that it seeks to differentiate and clarify the *life experience* of a particular individual. The emphasis is continuously on what this particular person thinks, feels, fears, wishes, plans, avoids, initiates and so on. So we can say that counselling conversation is both *clarification* and highly *specific* or *concrete*. The question is: "What expressive skills can counsellors use to be effective in counselling?"

There are various prescriptions about which expressive skills are most useful. What follows is adapted mainly from the Relationship Enhancement Method as advocated by Guerney and Associates. Briefly stated, the primary expression skills are:

1. *Indexing* [stating things in a way that acknowledges subjectivity]
2. *Specifying* [stating things in the specific rather than the abstract]
3. *Expressing affect* [associating concepts with feelings]
4. *Expressing positive elements* [locating and expressing a positive element in the problem situation]
5. *Offering interpersonal suggestions* [saying things which you believe will initiate desirable changes in the client's problem]
6. *Conveying empathy* [almost invariably, expression is enhanced when it is accompanied by empathy]

These six expressive skills, when combined through practice into a flexible, skillful conversational style, constitute effective expression within the counselling context. Of course, these are not the only speech habits which the competent counsellor uses. In addition, there are numerous other counselling *techniques* which a counsellor may use depending upon the specific client's problem-situation. However, together with the capacity for empathic listening, these six expressive skills constitute a useful basic communication repertory for counsellors. Now for more details on each of the expressive skills.

5.1 INDEXING

One of the great breakdowns in human communication is the tendency to treat labels or names of things *as if* they were the things. In human terms this can mean that Jack who is without a job becomes an "unemployed". In the minds of many indiscriminate thinkers, "unemployeds" are a class into themselves — a distinct category. Thus, Jack is no longer the person whom we refer to as "Jack". Instead he is now "unemployed" with all of the attributes which are given to that classification. Another example of this semantic confusion is the pupil who has it drilled into his or her head that he or she *is a failure*. Thus, a *person* whom we refer to as Jack is magically but unfortunately converted into a failure whom we refer to as Jack. Such thing-label confusion is widespread.

Another version of this confusion is the tendency of many people to state personal opinions as though they were *the truth*. Thus, Jack may say to Jill, "You are a nitwit." He may state this forcefully and with great assurance that he has just uttered a self-evident truth which no one could possibly deny. Common sense experience tells us that Jill will very likely attempt to deny the validity of this statement and we can predict that the stage is set for much arguing, accusing, attacking, and counter-attacking between Jack and Jill.

Now suppose that we could teach Jack to *index* his statements. Then he would be able to say something like: "as far as I'm concerned, what you are doing is not very smart." By using an indexing prefix like "as far as I'm concerned," Jack is making clear that he is giving his own *subjective opinion* [instead of self-evident, universal truth] and he is communicating that he *knows* that he is giving only his opinion.

Indexing, then, refers to the skill of stating things in a way that acknowledges the subjectivity of your opinions and judgments. Such phrases as "I believe...", "In my opinion...", "As far as I'm concerned...", "It seems to me...", and so on, can be used as indexing phrases to communicate the subjectivity of what you are saying.

While this procedure may seem only like small differences in phrasing, even these small differences increase that the listener will remain receptive or will be willing to consider a change in concept or attitude based on the opinion or

suggestion which you are offering. Indexing seldom has any negative effects upon conversation and it offers several benefits:

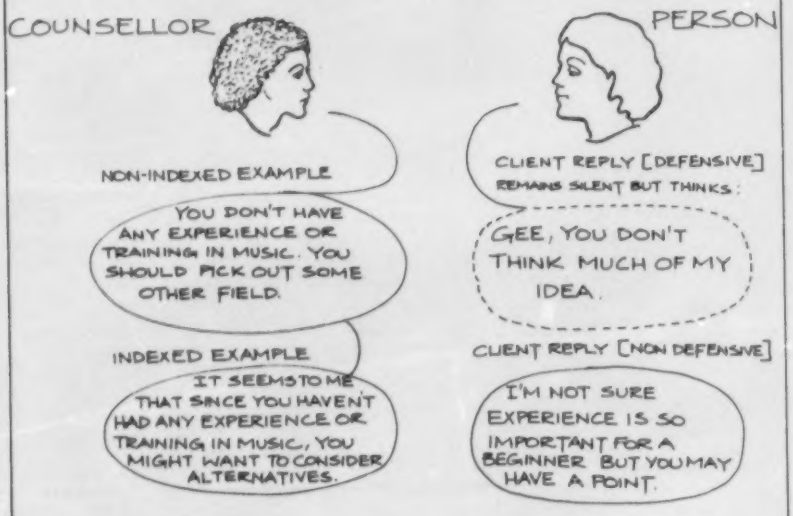
- ☐ Minimizes listener defensiveness, leaves room for the other
- ☐ Reduces the incidence of argument
- ☐ Facilitates initial entry into a new topic
- ☐ Supports counsellor's role as clarifier
- ☐ Encourages corrections of how both speaker and listener view reality
- ☐ Demonstrates speaker self-awareness
- ☐ Promotes multi-sided discussion rather than either-or stands.

Indexing Practice

In the following sections, follow the example given and write a brief conversation in the spaces provided. First, give non-indexed speaker statements and typical listener replies. Then index the speaker's statement and show how a listener might reply more favourably. Try to use a different indexing phrase each time.

There are times when indexing is neither necessary nor even desirable. For example, when someone requests factual information from you [and assuming you have access to accurate factual information] then indexing is not appropriate. For example, if someone asks you what time it is, and, after consulting your watch to determine the accurate time, you certainly have little reason to say "*In my opinion*, it is 4:25 p.m.". On the other hand, if you do not have access to a watch and you are merely hazarding a guess, then you certainly *should* index your reply.

EXAMPLE


COUNSELLOR
PERSON
NON-INDEXED EXAMPLE
YOU DON'T HAVE ANY EXPERIENCE OR TRAINING IN MUSIC. YOU SHOULD PICK OUT SOME OTHER FIELD.
CLIENT REPLY [DEFENSIVE]
REMAINS SILENT BUT THINKS:
GEE, YOU DON'T THINK MUCH OF MY IDEA.
INDEXED EXAMPLE
IT SEEMS TO ME THAT SINCE YOU HAVEN'T HAD ANY EXPERIENCE OR TRAINING IN MUSIC, YOU MIGHT WANT TO CONSIDER ALTERNATIVES.
CLIENT REPLY [NON DEFENSIVE]
I'M NOT SURE EXPERIENCE IS SO IMPORTANT FOR A BEGINNER. BUT YOU MAY HAVE A POINT.

INDEXING PRACTICE

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INDEXING PRACTICE

COUNSELLOR

PERSON

INDEXING PRACTICE

COUNSELLOR

PERSON

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Indexing is a procedure which provides some incentive and some room for demonstrating the way you think without at the same time forcing the other person into a rigid, defended reaction. When both counsellor and client are able to use indexing, then the stage is set for examination of reality-perceptions and, even more importantly, for correcting misperceptions which can occur on the part of either or both persons.

5.2 SPECIFICITY

Speaking vaguely or in generalizations tends to increase the distance between two persons and inhibits personal understanding and problem solving. In counselling, since the focus is almost always upon the individual, it is extremely important to use expressions which are specific — specific to *this* client, at *this* time, under *these* circumstances. Being specific (also known as concreteness) means speaking about specific behaviour, experiences, feelings and ideas. Specificity is a communication skill; it can be learned; it is an important tool in reaching clarity of communication.

Specificity as applied to counselling conversation has several facets. The first is that specifying means trying to observe and describe situations and actions in behavioural terms: "I appreciate it when you are able to get to my office on time for your appointment with me today" rather than "Its funny, but most people are late for appointments, I guess you're the exception."

The first statement specifies: 1) the counsellor's own felt reaction ["I appreciate . . .]; and place [office]. Common specifications are client *experiences*, client *behaviours*, client *feelings*, client *ideas*, counsellor *reactions*, *time*, *place*, *frequency*.

In a counselling context "experience" refers to what happens to a person, what others do to the person. For example:

> I'm really having a difficult time filling out this form.
>
> I have a headache.
>
> My supervisor scolded me for taking a 15 minute coffee break.

"Experience" also refers to such "happenings" as daydreams, imaginings, and thinking, especially if they are unwilled or "just happen". For example:

> That cutting remark Jill made to me keeps coming up in my mind again and again.
>
> I keep having this daydream where I find prince charming and don't have to work anymore.

"Behaviour" refers to actions taken [or not taken]. For example:

> When I pick up a pencil to write a test (action) my hand just freezes, I can't write a thing (non-action).

Feelings refer to emotions which accompany experiences or behaviours:

> I'm really *frustrated* because I've tried three times to reach him at his office and each time he is out.
>
> I would certainly like a raise but each time I think about asking I get so *scared and tense.*

It is important to remember that experiences, behaviours and feelings can be either *overt* (observable) or *covert* (hidden from view). For example:

> My boss *tells me when I'm doing my job well* and that gives me motivation to keep improving [*overt* experience — "My boss tells me...".]
>
> When ! realize that vacation is just a month away *I begin to imagine all sorts of things* I would like to do [*covert* behaviour "...start to daydream."]
>
> You looked angry *the way you walked* into the shop just now [*overt* behaviour — "The way you walked..."]
>
> When I work by myself, I always *start to daydream.* [*covert* behaviour — "...start to daydream"]
>
> I *feel pleased and excited* that you are willing to write a letter of reference for me. [*overt* feeling — "feel pleased and excited."]

Feelings may be considered overt when a person either *labels* them and expresses them or simply expresses them without labeling. Often the meaning of feelings will be strongly suggested by non-verbal behaviours. For example, a person who is feeling excited may not say "I'm feeling excited" but may jump up and down, say "wow", and have a smiling face.

Such non-verbal clues are strongly suggestive of the emotion which the person is feeling so that a perceptive observer would have plenty of reason to say something like "You look like you're feeling pretty happy."

Feelings may be *covert* in the sense that a person may have a feeling which is neither labelled nor expressed so that onlookers are unable to detect that the person is actually having the feeling. It is perhaps more accurate to say that such feelings are masked or covered up. A typical example is the person who appears outwardly to be calm in a tense situation but inwardly *feels* stressed, agitated, frightened or what have you. This may be thought of as the art of being invisible!

Specificity Practice

1. *Specific expression of experience*

   Example:

   Vague statement of experience. "Some people say things that make me feel funny."

   Specific statement of same experience. "When you say to me that you doubt that I will ever be able to qualify for a CR-2 rating, I start feeling discouraged and wonder if you really are trying to help me at all."

Now using the examples as a guide, write out four examples using your own experience. First, write a *vague* statement; then change it into a *specific* statement. Try to use experiences that are current or very recent. Stick to experiences — that is something *that happens to you.* Try to make the sentences as real as possible. By practicing this for yourself, you are not only learning for yourself but you are also learning now to guide clients in making their expressions more specific. Having the ability to *use yourself as a competent model* gives you a powerful tool with which to assist others.

EXAMPLES:

2. *Specific expression about behaviour*

   Example:

   Vague statement of behaviour. "People don't always live up to their obligations."

   Specific statement of same behaviour. "I want you to know that I didn't keep the appointment with Mr. X which you made for me and I feel that I've let you down, let myself down, too."

Now, using the examples as a guide write out four statements about your behaviour — first, write a vague statement and then convert it into a highly specific statement. Try to stick to behaviours — that is, what you do or don't do and stay with current or recent behaviours.

EXAMPLES:

3. *Specific expression of feelings*

   Example:

   Vague statement of feeling. "I'm not sure what's going on."

   Specific statement of same feeling. "I'm really confused right now. You are asking me why I've come in for an interview today. My memory is that last week *you* asked me to come in today because you might have some more information for me. I was feeling pretty hopeful — now it seems to me you hardly remember who I am."

Now write out four examples of your own — first, vague, then specific. Try to use feelings you have, or have had, about yourself, other people or your feelings about things that are happening to you in your life. Sometimes it is necessary to indicate behaviours and experiences in statements but try to keep feelings the main focus.

EXAMPLES:

4. *Being specific about experiences, behaviours and feelings all together*

   Example:

   Vague statement: "Sometimes nothing seems to work right."

   Specific statement of the above vague expression: "When I started counselling, I really felt optimistic — I wanted to come in and see you and I hoped that you would be able to help me in an active way. Then two weeks ago you had only five minutes to talk with me and last week you seemed really angry with me because I hadn't done all of my "homework". Today I'm sitting here waiting for you to jump on me — wondering if you are too busy or disgusted with me to be interested in me. I feel discouraged with both of us."

   In In the above statement the client expresses *experiences*: "I really felt optimistic..., I hoped..., you seemed

angry..., waiting for you to jump on me..., wondering if..."; *behaviours*: "When I started counselling..., I hadn't done..., I'm sitting here..." and *feelings*: "Optimistic..., hopeful..., discouraged."

Now write out four examples from your own current or immediate past life which expresses all these: experiences, behaviours, feelings. Begin with a vague statement and rewrite it as an elaborated specific statement. Be sure to identify and confirm that you have included all three elements — behaviours, experiences, and feelings.

EXAMPLES:

When doing the various parts of this exercise on specific expression, it is a good idea to discuss your examples with others in the class so that you can confirm that your examples are clear and specific. When you finish these practices you should be able to recognize when a person is making

vague statements, you should have a better idea about how to convert vagueness into specificity. Of course, the most important consequences are derived from your own ability to be specific in conversation.

5.3 EXPRESSING AFFECT (EMOTIONAL FEELINGS)

The absolute importance of emotional feelings as motivators is well established. Feelings can either support behaviour or obstruct behaviour. For example, when a person is successful at a task, the accompanying emotional feelings of excitement, pleasure and self-fulfillment re-inforce the person's behaviour and strengthen the probability that more tasks will be attempted. On the other hand feelings of discouragement, depression or resentment reduce a person's capacity for action. A strong feeling of anger can replace a person's capacity to use reason and act in a planful, rational manner.

From a counselling perspective, it is important to help clients identify and express emotions, as well as develop an understanding of the sources of feeling.

Simplistically, we may take three basic attitudes toward client expression of feeling. First, positive feelings about self, others, work tasks, etc., when accurately identified and expressed are very powerful motivators. Good (positive) feelings, such as pleasure, excitement, hope, warmth, toward one's self and others help one to persist, learn, work, try and cope with difficulties. Therefore, the counsellor should attempt to highlight and develop positive feelings through the counselling relationship. Second, negative feelings such as resentment, anger, hostility, fear, etc., inhibit problem-solving, planning, decision-making and negotiation. Negative feelings, therefore, require expression in order to expunge their effects as blocks to rational thought and action.

The third attitude toward feelings which is part of the counselling perspective is one of balance. This means that one should recognize the desirability of feeling expression and then *learn how to* facilitate feeling expression of either positive or negative feelings should be, in principle, guided by the goal of moving toward a greater degree of behavioural competence. Feelings and behaviours have reciprocating effects on each other. When we feel better, we act better. Conversely, when we act better, we feel better.

There is truth in the statement "We choose our responses". At any moment we have a choice to feel [and to act] forcefully, to pout, to withdraw, to be angry or to become discouraged. In principle, we have a degree of choice of both behaviours and feelings.

An *extreme* position with regard to choice of feelings and behaviours is that, as individuals, we do have choice and that individual choice is the most, or the only, factor to be considered. This position asserts that the individual is (or should be) absolutely responsible for what he feels or does. At the *opposite* end of the scale is the basic position that in most situations, the individual *does not* have a choice. This position explains the occurrence of feelings and behaviours as the result of forces external to the individual. The individual is either a robot or helpless.

From the counselling perspective, it is more useful to recognize *multiple causation* of feelings. This approach, which I will explain in the following paragraphs, provides the counsellor with a much greater degree of flexibility in conversations with clients.

We may posit four "causes" of an emotion — for example, anger. These causes are: precipitating *situation*, *choice of* reaction, *interaction* dynamic, and *goal frustration*.

In order to illustrate multiple causation as applied to feelings, we can start with a brief case example:

> John works as a cabinet-maker in a small custom wood-working company. Together with six other cabinet makers he makes and installs custom cabinets under the supervision of the shop foreman, Frank, who also is a designer. The shop has a good reputation for high quality work and John has worked for the company for the past three years, and is confident and proud of his skill as a cabinet-maker.
>
> There are troubling incidents, however, between himself and Frank which usually take the following form. Frank will inspect a set of cabinets which John has built and is in the process of installing. Frank will criticise some detail such as joining. John will get very angry and a yelling match ensues. The scene is usually ended by John walking out with the comment "If you think that you can improve on the

design, then you should get a job as a designer — somewhere else!"

John feels intensely angry and explains the situation thusly: "Nobody can work for Frank, he makes me so d--- mad. He really is an -----." John sees his anger and "problem" as directly attributable to Frank. John's "blaming" reaction is the typical response for a great many people.

Assuming that John would seek a counsellor's advise about how he could better cope with this situation, including his feelings thus the following analysis would help to get a clearer more adequate, multiple causation explanation of John's "feeling" problem. The four causes may be graphically illustrated:

Figure 1

John's Anger

Cause 1 ————> Frank ———> *Frank's behaviour* (criticizing John's Work)

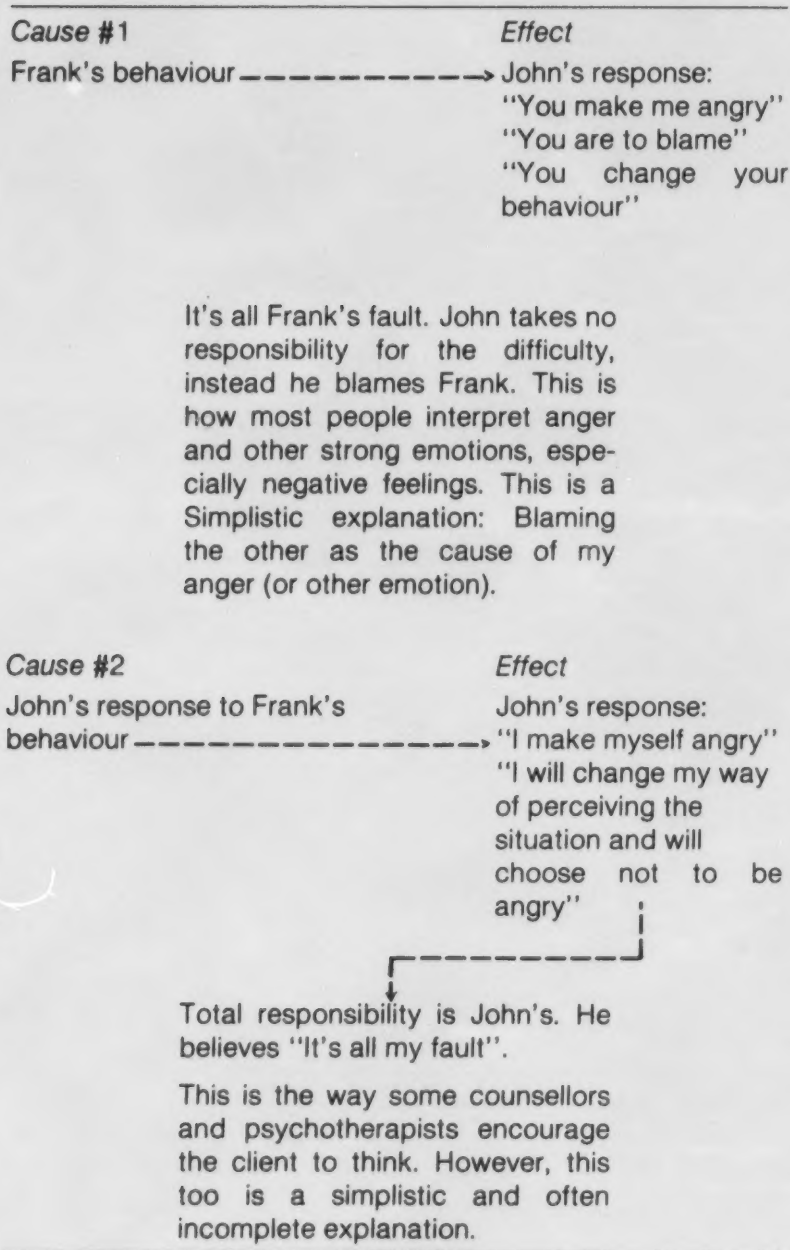
Cause 2 ————> John ———> John "chooses" to be angry at Frank

Cause 3 ————> *Interaction dynamic* between John and Frank

Cause 4 ————> *Goals* which are *threatened*, or frustrated:
a) John's concept of himself as a competent cabinet-maker;
b) Satisfactory working relationship.

Most people will simplistically and incorrectly attribute feeling causation either totally to others or totally to themselves. This can be illustrated as follows:

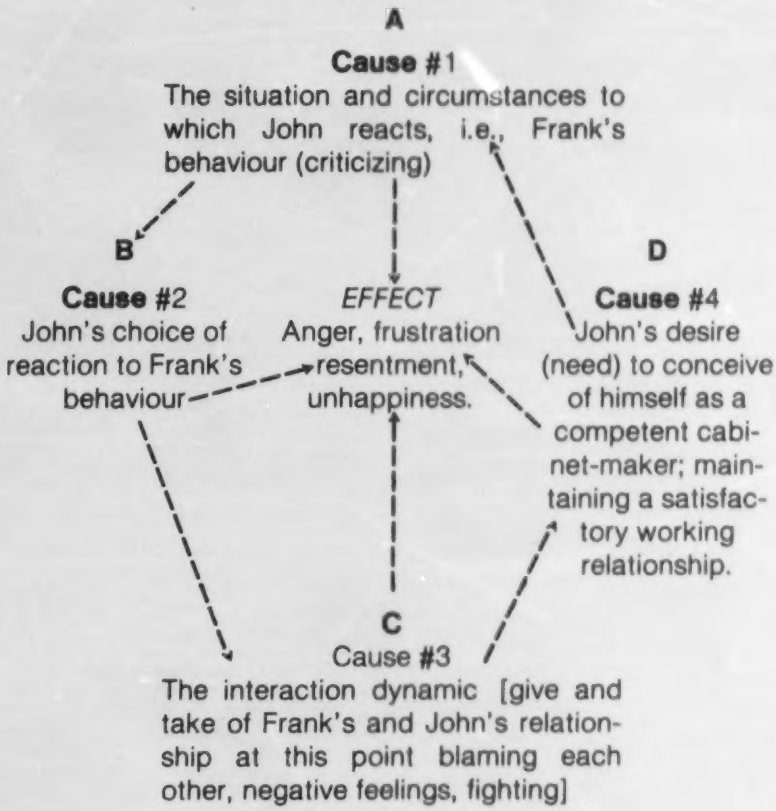
Figure 2


Cause #1
Effect
Frank's behaviour
John's response:
"You make me angry"
"You are to blame"
"You change your behaviour"
It's all Frank's fault. John takes no responsibility for the difficulty, instead he blames Frank. This is how most people interpret anger and other strong emotions, especially negative feelings. This is a Simplistic explanation: Blaming the other as the cause of my anger (or other emotion).
Cause #2
Effect
John's response to Frank's behaviour
John's response:
"I make myself angry"
"I will change my way of perceiving the situation and will choose not to be angry"
Total responsibility is John's. He believes "It's all my fault".
This is the way some counsellors and psychotherapists encourage the client to think. However, this too is a simplistic and often incomplete explanation.

The multiple causation approach can be diagrammed as follows:

Figure 3

John's Anger: A multiple Causation Approach


A
Cause #1
The situation and circumstances to which John reacts, i.e., Frank's behaviour (criticizing)
B
Cause #2
John's choice of reaction to Frank's behaviour
EFFECT
Anger, frustration resentment, unhappiness.
D
Cause #4
John's desire (need) to conceive of himself as a competent cabinet-maker; maintaining a satisfactory working relationship.
C
Cause #3
The interaction dynamic [give and take of Frank's and John's relationship at this point blaming each other, negative feelings, fighting]

With this model of feeling causation in mind, the counsellor can guide the client to explore motives, not one, but *four* potential causes of negative feelings and can help the client to focus on decision-behaviour in relation to feelings. Thus, the counsellor can assist the client by asking:

> How have you chosen to interpret the other person's behaviour?
>
> How are you gaining by blaming the environment or other people?
>
> What are your expectations about how the other person ought to act?

What other ways could you react to the situation?

What are you responsible for in this situation?

How are you and the other person reacting to each other?

With what consequences?

Which of your needs (and the other person's) are being frustrated?

It is generally recognized that "blaming the other" is not a very effective relating method. Similarly "blaming one's self" is hardly any more desirable. By expanding the potential sources or causative agents of negative feelings and ineffective behaviours, the counsellor and client *gain some freedom* to do such things as:

1. re-define expectations
2. learn more positive and constructive ways of relating
3. reduce [unlearn] destructive blaming behaviours
4. development of "feasible" self-responsibility
5. encourage both mental and behavioural flexibility.

From a counselling perspective, there are four feeling attributions in interpersonal conflict which, in principle, clients can be encouraged to test out:

a) I am feeling __X__ because of you.
b) I am feeling __X__ because I have chosen to feel this way.
c) I am feeling __X__ because of the dynamic we are both contributing to.
d) I am feeling __X__ because my goal (or need) is threatened or frustrated.

Of course, the relative importance of each of these factors will vary according to situation, client and time, but the point being stressed is that counsellors should remain open to the multiple causation model in dealing with feelings; further, that they should teach clients how to do the same.

5.3.1 THE LANGUAGE OF FEELINGS

Feelings are expressed through the use of words and non-verbally as gestures, facial expressions, breathing, body tension, skin colour, movement as well as through clothing,

jewelry, and rituals. In the counselling situation, the counsellor must rely quite heavily upon verbal expression of feeling. The language of feelings include four expression modes: 1) single words, 2) phrases, 3) experiential statements and, 4) behavioural statements. The skillful counsellor is able to respond to, *and use*, various modes of feeling expression. The following practice is designed to develop flexibility of feeling expression.

Examples of Feeling Expressions

Words

I feel: good, angry, lonely, frustrated, depressed, happy, delighted, etc...

Phrases

I feel: out of sorts, up against the wall, without any solid footing, etc...

By implication through Experiential statements (what is happening to me)

I feel: like I'm being put down; I'm being watched at every turn; like I'm being held back.

By implication through behavioural statements (actions I feel like taking)

I feel: Like giving up; like punching him out; like giving her a kiss.

The following example indicates how a feeling [happiness] can be expressed in each of four modes:

Feeling: Happiness

Word: I'm happy

Phrase: I feel *on top of the world.*

Experiential statement: I feel *they really like my work.*

Behavioural statement: I feel like *going out to celebrate.*

Non-verbal cues: *smiling face, quality of voice, flushful face, postural animation*, etc.

Feeling Exercise 1

Using the example above as a guideline for each of the feeling words listed below identify appropriate expressions including single word, phrase, experiential statement, behavi-

oural statement and non-verbal cue. Non-verbal cues must be observable behaviours, mannerisms or appearances. Try to identify three cues for each word. The same cues will sometimes refer to different emotions or physical states. For example, whiteness around the lips will sometimes be a sign of fear, at other times a sign of anger, and at other times signal tiredness.

List of Feelings:

embarrassment	depressed
excitement	capable
rejection	bored
loved	pressured
anger	hope
joy	

Feeling Exercise 2

Counsellors who wish to be skillful in helping clients sort out feelings must be perceptive of their own feelings. One way to review your own sensitivity to feelings is describe in detail exactly how you felt (feel) in emotion producing circumstances. When you are feeling emotional,: How does your body react? What do you feel like doing? What happens inside you? What do you express?

Study the following examples:

Step 1 Accepted: When I feel accepted:

I feel warm inside.

I feel safe.

I feel fun to be myself.

I can let my guard down.

I feel like sharing my feelings.

Some of my fears go away.

I don't feel so tense.

I feel at home.

I am kinda peaceful.

I'm able to talk.

Step 2

Now imagine yourself when you have actually experienced (or do experience) the following emotions. Write down how you feel and experience yourself in each situation.

Pick out one emotion, concentrate on it in your imagination and write down as many descriptive phrases as you can. Try to get at least five descriptions and up to ten on one or two emotions. Write out descriptions on five (your choice). When you have done this, you may wish to compare your reactions with one or several other people. Pay attention to how different words and phrases are used by different people to describe aspects of similar emotional experiences.

Emotions List:

accepted	bored	free
affectionate	competitive	frustrated
afraid	confused	jealous
angry	defensive	lonely
anxious	disappointed	rejected

Step 3

Now recall some (preferably recent) experiences you have had which had a strong emotional tone to it. Deliberately try to recall the details of how you felt, what was happening to your body — to your "inner" self, what you felt like doing, what you actually did. Write your recollections down trying to recapture as much of the experience as you can. When you have written your recollections into a paragraph or two, then examine what you have written, *how* you have expressed yourself, the words and phrases you used to express your feelings. Is there anything else you want to add?

RECOLLECTIONS:

In the counselling situation, a skillful counsellor is able to assist clients:

a) to identify, label and express their feelings,

b) to locate the causes of feeling,

c) *to associate feelings with behaviours.*

The last point is most crucial for effective counselling. By associating specific feelings with specific behaviours, the reasons for promoting positive feelings and reducing negative feelings become progressively more apparent. Developing insight into the interactions of feelings thought and behaviour clarifies motives, aids problem-solving and supports rational planning and decision-making.

5.4 EXPRESSING POSITIVE ELEMENTS OF A SITUATION

When people have difficult decisions to make, conflicts to resolve or obstacles to overcome, they often focus primarily

or exclusively on the negative aspects of their situation. Negative self-evaluations tend to predominate. Negativity rigidifies a person's perceptions and frequently produces attitudes of self-defeat and motivational paralysis.

Especially in the case of interpersonal conflict, focussing upon only negatively evaluated behaviours or engaging in blaming and criticising brings about an intensification of conflict and/or discouragement.

For example, Jack and Jill have been having marital problems. Jack has a full-time job, Jill works half-days, and they have 10-year old twin boys. Lately they have been arguing with each other over the way the house is (or is not) kept clean. Jack wants more tidiness; Jill feels that she has her hands full with her part-time job and the twins. She is doing the best she can, as far as she is concerned. A typical conversation between them goes as follows, as they seek counselling from a marriage counsellor:

Jack: This house looks like an earthquake hit it.
Jill: You don't seem to realize how much I have to do these days.
Jack: If you'd just get organized...
Jill: If you say that again, I'll...
Jack: Well, do you really expect me to live in a pig-sty.
Jill: I expect you to treat me with more respect than that.

In such a conversation, it is easy to observe the accusatory tone of both persons to the complete exclusion of any positive aspects of the issues they face.

Through the guidance of the counsellor Jack might be helped to state a positive aspect of their situation:

"I believe that you share my desire to have a home that is pleasing to us both and I know that you are putting in a lot of effort in your job and with the kids these days. However, from my standard, the house is really messy and I'd like to try to get a solution to the mess."

Similarly, Jill could be coached to express a positive element in relation to Jack:

"I know that an organized house is very important to you and I'm really relieved that you can see how busy I am. I'd like it if you were more pleased about the way I run the house, but I don't know what I can do to get it in better shape."

In the case of an individual rather than a situation involving two people as in the preceding example, there are several methods a counsellor can use to assist the client to locate positive aspects of the issue at hand.

One such procedure is the use of *self-reward*[2]. This essentially is the determination of pleasant consequences which will result (or probably will result) from doing some task or activity. For example, a client who puts off looking through the morning paper for job notices until late in the day, may decide that he will look through the paper first thing in the morning and *then* will have a cup of coffee. Rewarding himself with coffee is contingent upon completing the task first.

Several conditions are necessary for self-reward:

(1) The individual (rather than someone else) determines what the task is, and how well it must be done to qualify for reward,

(2) The individual (rather than someone else) controls access to the reward, and

(3) The individual (rather than someone else) administers the reward.

Timing of self-rewards is important. Rewards should come *after*, not before, the task. They should be immediate, and should follow performance — not promises.

It is very important that the client establish what activity he or she wishes to do (that is positively and intrinsically related in some way to problem reduction) and which type of self-reward will be administered. However, the counsellor can guide the client through the process of self-reward identification.

One way the counsellor can aid the client in doing this is to discuss *preferred* activities with the client. For example:

1. What kinds of things do you like to have?
2. What are your main interests?
3. What are your hobbies?
4. What people do you like to be with?
5. What do you like to do with these people?
6. What do you do for fun?
7. What do you do to relax?
8. What do you do to get away from it all?
9. What makes you feel good?

10. On what do you spend money each week?
11. etc...?

Self-rewards can take different forms: *verbal-symbolic* (saying to oneself: "I did a really good job on that "), *material* (something tangible such as going to a movie, having a cup of coffee, taking a walk in the park), *imaginal* (visualizing yourself as a thin person when starting on a weight reduction program). Self-rewards can also be *immediate* (something that is done immediately) or *potential* (something which is anticipated, such as imagining how much enjoyment I will feel when sunning on the beach in Hawaii next month).

In coaching a client in the selection of self-rewards, certain principles should be used:

1. Rewards should be *individualized* to the client.
2. The reward should be *convenient* and *accessible*.
3. If possible *several* rewards should be used to prevent satiation from repeated use of the same reward.
4. *Different* types of rewards [verbal-symbolic, material, imaginal, immediate, potential] should be considered.
5. Rewards should be *potent* but not so much so that the client will be unable to use them contingently.
6. Rewards should not be punishing to other people. If a reward involves another person, that person should give permission and agree to cooperate.
7. Rewards should be *compatible* with desired behaviours. For example, having a *cigarette*, even though it is a potent reward, is *not compatible* with a goal of reduction or elimination of smoking.

Another procedure the counsellor can use to increase client positivity is to administer reinforcement for desired behaviours within the counselling situation. For example, when a usually tardy client is on time for an appointment, the counsellor might say:

> "I really appreciated your being here on time today John. This way we will have plenty of time to go over the SDS schedule."

Another example: Jack is a client who has a hard time putting his ideas into speech. However, whenever he does manage to complete a sentence or two, the counsellor reinforces his efforts by such statements as:

"That's good Jack."

"So the way you see it . . . . ., that really makes it a lot clearer Jack."

"When you fill me in, Jack, it really helps me to understand the problem as you see it."

The counsellor can use those in-counselling behaviours which are positively related to problem-solving, decision-making and issue clarification. In addition to verbal reinforcement, the counsellor can also reinforce client behaviour non-verbally through attentive head nodding, steady gaze, smiling, etc.

In summary, the focus on positive aspects of the problem situation and on positive solution-related behaviour is important for maintaining client motivation as well as for reducing hostility and defensiveness. Probably the most important roles for the counsellor are 1) to model positive expression (especially in the form of reinforcement statements) and 2) to guide clients in locating and expressing positive aspects of the issues being considered and the behaviours being used.

Positive statements are especially crucial in situations which involve potential or actual conflict between two persons. Such statements should, of course, be valid and true, and must not be overdone.

In addition to reinforcement administered by the counsellor, modelling by the counsellor, guidance of client expression by the counsellor, clients can also be taught to administer self-rewards. Together these various procedures can aid the counsellor to work for a higher level of client motivation.

5.5 OFFERING INTERPERSONAL SUGGESTIONS

Interpersonal suggestions take the form of *concepts* which you would like the other to consider, *opinions*, *facts*, *or advice* you would like them to take into account, *behaviours* or *procedures* you wish they would use, or *values* you wish they would reflect upon.

It is commonly held in counselling that one should refrain from giving opinions or offering advice to clients. There are three reasons for exercising restraint in the giving of advice: first, it will *not be heeded*; second, it is often the *wrong* advice; and third, if it is good advice and if it is heeded, then it will frequently be *applied incorrectly*.

None-the-less, there *are* valid reasons for offering interpersonal suggestions. First, it *goes beyond* the first and essential step of clarifying the issue or problem. It suggests how to start problem-solving *as you see it*. Second, it is a *positive means* providing incentives to change. Third, it indicates your willingness to participate with the other in a mutual, problem-solving process. Fourth, you may have data, perceptions, concepts, or experience which your client lacks but which would be useful to him or her in this specific situation.

Why, then is there so much caution about the counsellor giving suggestions and advice to clients? Perhaps a more constructive question is: "How can suggestions be given so that they are more likely to be useful?" There are, I believe, three answers to this question.

First, suggestions should generally be given according to the *permission* principle. This means asking the other's permission *before* offering a suggestion. For example:

Jack: Well it seems to me that you've outlived your dilemma very clearly and what we've got to do now is see what can be done about it. You've said several things you've tried but they didn't seem to work out. I've got an idea I'd like to tell you, but first I'd like to know if you're ready to hear it — I don't want to jump in here before you're ready.

Jill: I don't think I'm ready yet. I'd like to talk a little more about what happened when I worked on the problem this morning before coming in to see you.

In this example, Jill has not given permission *at this time* for the counsellor to offer a suggestion. She might also have *given* permission by saying something like "Sure, I'd like to hear your opinion since I don't know what to do." Securing permission has the very important function of indicating the degree of *receptivity* on the client's part. One of the main reasons why advice is ineffective is that it is given to an unreceptive ear. In using the permission principle, a counsellor must be prepared for a client to say "No, not now" and then be able to back off until a later, more appropriate time. There is an element of rejection conveyed when a client denies permission and some counsellors are not secure enough to receive a message of rejection without feeling upset. Such a counsellor may be tempted to push ahead and give the

advice anyway. Such a counselling action is coercive and is to be strongly discouraged.

A second procedure which the counsellor can use in giving interpersonal suggestions is to use *indexing*. This means indicating that the suggestion is, in fact, from the giver's perspective and *may or may not* fit the client's situation. For example:

Don't say:

> What you should do is...
> You'd better...
> Why don't you...

Do say:

> If I were in a similar situation, then I think I'd...
> From my point of view...
> I've got something in mind I'd like you to consider...

Putting suggestions to another person is much more likely to be beneficial if the suggestions are including phrases which make it clear that they are the counsellor's opinions, advice, ideas, etc., and not *truth claims* which will *certainly* be valuable for the client.

The third answer to the question of how can advice be given in a more useful way is really a suggested insight for the counsellor. In practical everyday life, problems must be solved (or lived through) if they are to be solved at all, by the persons who have the problems. Jack and Jill's decisions will not be made, and their problems will not be solved, by scientists and philosophers. Human decisions *must* be made, and problems *must* be resolved in terms of clients' own values, needs, experiences, and feelings. Personal experience is the most *certain* and ultimately *real* reality for all people. With this in mind it becomes clear why all forms of suggestion must remain close to the recipient's own life experience and must be given in subjective terms. As a counsellor, one must be able to cope with having suggestions rejected and with having recipients say that one is clearly mistaken (or even stupid for making such a suggestion). On the other hand there is a great reward in finding that one's suggestion was found useful to the recipient — even though he or she may claim that it was his or her idea all along.

5.6 CONVEYING EMPATHY

So far, the counsellor has been asked to use five elements: indexing, specificity, feeling expression, positivity, and interpersonal suggestion in effective expression during counselling conversation. These elements are held to be desirable for counsellor usage and, in some instances, should be directly or indirectly, taught to clients. To these five elements one more is added: *conveying empathy.* Practice in this fundamental skill has already been provided. Suffice it to say at this point that empathy is the crucial foundation upon which all ot the other elements of expression rest.

6.0 DECISION: INITIAL REFLECTIONS

The word "decision" is etymologically derived from the Latin *decidere* which means: to cut off, to separate. To decide is to arrive at a solution which ends (or at least greatly reduces) uncertainty. The concept of decision[1] must surely require a central place in any approach to counselling. It is my aim in this section to articulate some real factors of the decision [process], especially in relation to counselling.

Wishing

In his book *Love and Will*, Rollo May presents the important insight that the *will* to do something is always preceded by the *wish* to do that thing. There is seldom or never a resolute action without a prior wish. In the sense meant here, the wish is a longing for a certain future; it is, in May's[2] words "a capacity to reach down deep into ourselves and preoccupy ourselves with a longing to change the future". Wishing is the imaginative projection of oneself into future possible states of actions. Only after wishing occurs can a person pull the "trigger of effort" to initiate commitment, choice, and then, action.

Of course, much wishing is empty; no decision forms, no action is taken. Some persons go no further than the wish — what counsellor has not heard the ineffectual, plaintive cry: "Oh, how I wish . . .". Experience with this sort of "empty wishing" should not, however, blind counsellors to the crucial part that the wish plays as a first step in virtually all decisions. The individual *initiates* through wishing and carries through or enacts through decision.

The wish-blocked individual has enormous difficulties in the decision-process. The reasons for wish-absence are not hard to find. Failure to wish is, for some, an effective means of avoiding rejection or disappointment. Others who cannot cope with feeling vulnerable, choose the safer path of not wanting (wishing). Others, defeated and demoralized by oppressive life conditions become numbed and deadened to

internal experience; they cannot "feel" the wish. Individuals who depend on others to *take care* of them often believe that benevolent caretakers should be able to "magically" read their wishes. Or they may simply not permit themselves to wish because they fear that the expression of personal desire (wish) will irritate, annoy, or drive away their much-needed caretakers.

The Inability to Feel

The inability to wish may be understood, in part, as one factor in the more general incapacity: the inability to feel. Sifenos[3] has suggested the term *alexithymia* (meaning "no words for feelings") to denote the incapacity to express what is felt; including wishes. The counsellor has several routes to take with clients who are no more than moderately alexithymic. The use of empathy is important in that it establishes an aura of permissibility and indicates to clients both an interest and a capacity to understand feelings on the part of counsellors. Also catharsis certainly seems to play a necessary role in the movement toward learning to express feelings.

Within the context of decision counselling, an increase in the client's ability to feel has at least two benefits: it frees the capacity to wish, and it makes interpersonal relationships more energized, thus creating a more favourable climate for decision-making. Clients who are seriously alexithymic should be referred to appropriate agencies for more intensive and in-depth counselling than can, or should, be undertaken in vocational and employment counselling settings.

Decision

Decision is the bridge between wishing and action (keeping in mind that action may refer to something quite small — such as making a list of potential jobs — to a step of major physical action such as going for a job interview).

Most of us realize from our own life experience that not all decisions are made with full, deliberate, conscious effort. William James[4], one of the first "modern" psychologists, made a detailed analysis of decision-making. A summary of his analysis described as five types of decision follows.

1. *Reasonable decision.* We consider the arguments for and against a given course and settle on one alter-

native. A rational balancing of the books; we make this decision with a perfect sense of being free.

2. *Willful decision.* A willful and strenuous decision involves a sense of "inward effort". A "slow, dead heave of the will". This is a rare decision; the great majority of human decisions are made without effort.
3. *Drifting decision.* In this type there seems to be no paramount reason for either course of action. Either seems good, and we grow weary or frustrated at the decision. We make the decision by letting ourselves drift in a direction seemingly accidentally determined *from without.*
4. *Impulsive decision.* We feel unable to decide and the determination seems as accidental as the third type. But it comes *from within* and not from without. We find ourselves acting automatically and often impulsively.
5. *Decision based on change of perspective.* This decision often occurs suddenly and as a consequence of some important outer experience or inward change (for example, a grief or fear) which results in an important change in perspective or a "change in heart".

Why are Decisions So Difficult?

In a great many situations calling for a decision, there occurs more a flirting with decision rather than the making of a true decision. Beckett's play *Waiting for Godot* is a great literary testimony to broken decision. The characters in the play plan, think, wish, procrastinate, waver but do not decide. The play ends with:

> Vladimir: Shall we go?
> Estragon: Let's go.
> [stage directions] : No one moves.

So much of social life seems to be made up of just such situations: wavering, passing the buck, letting others decide, manifesting indifference or passivity in the face of situations which call out for decisions. Why?

Counselling is, in its better sense, a planful, focussed, scrutinizing, resolving activity. Virtually all persons who seek counselling have decisions to make. Some clients face specific, clearly identified life-decisions: Shall I go to *this* training,

shall I have *this* surgery, shall I attempt to have another child, shall I take *this* job? In such instances the specific decision seems well-defined and the client shows a commitment to the decision-making process.

Other clients say they know, in a more general sense, what they wish to do — for example, stop smoking, lose weight, get a job, try to meet people, learn to speak in public — but are not able to decide (commit) themselves to do it. Still other clients say they know what is wrong — they are too lazy, too workaholic, too impulsive, too uneducated, too angry, — but they do not know even how to start a decision process which might lead to desirable change.

Unmade decisions are often very costly. They can be extremely painful (emotionally). They are wasteful of time, money and purpose in life. They can disrupt relationships with peers, loved ones, employers, etc. Most of all an unmade decision can have a paralyzing effect on a person and can infiltrate and contaminate other areas of life seemingly unrelated to the specific decision point.

In John Gardner's novel *Grendel*[5] the protagonist made a pilgrimage to an old priest in order to learn of life's mysteries. The old man spoke to him saying at one point, "The ultimate evil is that time is perpetual, perishing and being actual involves elimination." He concluded his thoughts with the devastating epigram:

> "Things fade: alternatives exclude."

In our lives, things *do* fade, including ourselves. Knowledge of this is for some a knowledge which is translated into such fateful statements as:

> "Oh well what difference does it make anyway?",
> "What's the point, after all?",
> "Does it *really* make any difference what I decide?".

The second part of the epigram: "alternatives exclude" is one of the most potently inhibiting factors in decision situations. Every yes requires a no. To decide one thing means to give up something else — usually many something elses. Decisions are very expensive in terms of time, emotions and sometimes material considerations. They may cost as much, or more, as holding onto unmade decisions. Decision, then, also means renunciation. In deciding one must give up options, often forever. Part of the pain of decision-making is

that a decision, once made and acted upon, signifies a limitation of possibilities. To deliberately close off possibilities is to engender considerable anxiety. It is very comforting to think of oneself as special, as one who has many possibilities. It is, conversely, very discomforting to admit that one has only limited possibilities. This is the painful core of decision-making.

Decision-making is a crossroads in the journal of one's life and in one's capacity for renunciation. Or one can avoid the pain of deciding by choosing to be unaware of the decision in question, or, even more likely, by choosing to ignore the implications and consequences of making the decisions. This problematic has been metaphorically expressed by Wheelis[6]:

> Some persons can proceed untroubled by proceeding blindly, believing they have travelled the main highway and that all intersections have been with byways. But to proceed with crossroads which one will never encounter again. Some persons sit at the crossroads, taking neither path because they cannot take both, cherishing the illusion that if they sit there long enough the two ways will resolve themselves into one and hence both be possible. A large part of maturity and courage is the ability to find ways which will enable one to renounce as little as possible.

Decisions are also what the existentialists call *boundary experiences*. To become fully aware that one does make decisions means that one must take full self-responsibility. Others, and society, can no longer be blamed for what is right or wrong, satisfying and dissatisfying in life, including the consequences of choice. To make a fundamental decision is a lonely act, for in such a moment the decider is alone. Only a decider can decide.

Deciding often entails a feeling of guilt also. For example, the woman who decides to work also decides to leave her children in the care of someone else. This decision may carry with it a rather heavy load of guilt. Guilt or fear of guilt has dissuaded many from carrying through on their decisions.

So it is easy to see why decision-making is difficult. Apart from the fact that an individual may not *know how* to approach decisions, or may not have the information or

knowledge which a particular decision requires, there are more "existential" factors: guilt, anxiety, exclusion, and boundary experience which contribute to the difficulty and pain of decision-making.

How People Avoid Making Decisions

Since decisions are painful and often require that desirable options (possible options) be given up, and require that the decider assume personal responsibility for the decision made, then it is not surprising that individuals use various devices for avoiding or sabotaging decisions. Counsellors have to be able to recognize these avoidance methods and know how to respond in a useful way to such avoidance.

Procrastination is the most obvious way of avoiding decision-making. What counsellor has not seen countless clients tormenting themselves by putting off, and putting off endlessly. Often, an individual will find countless diversionary activities and tasks to become involved which in effect "save" one from proceeding on to decide.

A frequent tactic for avoiding renunciation is to *trade down*. For example, a husband and wife agree (decide) to separate. Full separation is, of course, painful. One way to give up less is to take up separate lodging but continue to engage in sexual liaison from time to time. Needless to say, this arrangement merely delays facing the ultimate decision about whether or not to *actually* separate. However, in the meantime, the pain and anxiety engendered by the separation are lessened because, for the time being, not everything is given up.

A second method of avoiding the anxiety engendered by giving up options is to devaluate the unchosen alternative. Comfortable decision-making assumes that the chosen alternative is attractive while the unchosen is unattractive. When two alternatives are very nearly equal in their appeal, the decision maker will often counsciously (or unconsciously) begin to magnify and exaggerate slight differences until they seem to be rather large differences. Another method used to devaluate desirable alternatives is to distort the information one receives about them. About a job alternative, the client may say, "Well, I heard from my friend Joe that Company X really don't treat their employees very well." It really doesn't matter what Joe actually said, nor does it matter how the company in question does treat employees. If the client is

able to take any piece of information and convert it to his or her own use in making the alternative seem less acceptable, then he or she is quite likely to do it. This has the effect of reducing cognitive dissonance and allows him or her to escape the pain that often accompanies a true, undistorted decision.

Another method of avoiding decision making is to *leave the decision to someone else*. Clients will frequently try to trap the counsellor into making difficult decisions for them. A client may even *demand* that the counsellor decide just what should be done. This, of course, neatly removes the client from the responsibility for a) making a decision, b) following through with commitment, and c) shouldering responsibility if complications arise in the action stage of decisioning. Many persons show a distinctly ambivalent attitude in this regard. They yearn for, even demand, the privilege of "freedom" of choice; yet they refuse to experience the pain and isolation which usually accompanies real choice-making.

Finally, one of the most prominent methods of avoiding decision-making is *to delegate decisions to some"thing"*. From antiquity to the present, people have consulted fate for advice in decision-making. Fate may take the form of dice, coins, tea leaves, sheeps entrails, the I Ching, the stars, deities, the palm of one's hand, changes in the weather, or "voices". A novel version of this method of avoiding decision-making is Luke Rhineheart's book *The Dice Man*. The main character makes one fundamental and final decision: to leave all further decisions up to chance — the roll of the dice. Whenever the dice man is called upon to account for his actions he has one answer, "The dice told me to do it."

Rules are another handy device for avoiding decisions. Years ago where I worked in an office, one of my associates had a sign over her desk, a sign which read: "Rules are for when intelligence gives up". While I appreciated the meaning of the sign, I personally would have amended it slightly to read, "Rules take the place of courage". Orthodox Jews who meticulously follow the 513 Judaic Laws are spared many decisions, much of their daily behaviour is prescribed for them. Transitional societies of the past certainly seemed to limit initiative, choice, and freedom. However, they also offered relief from the format of such decisions as: Whom shall I marry? What vocation shall I pursue? How shall I spend

my free time? What religion shall I take up? Shall I or shall I not engage in extramarital sex? — and so on.

The bureaucratic nature of current society enmeshes us all in an endless maze of rules with a concomitant restriction on personal initiative and commitment. Rules are widely applied to avoid the very complicated task of personal decision-making in organizational contexts. A thoughtful example of how "rules allow one to avoid decision" is given by Bugental[7] about a client of his who was a dean of students:

> Dean Stoddert smiled understandingly but with a trace of sadness at the girl as she said, "I certainly understand now why you did as you did, but you see I really have no choice in the matter. If I made an exception for you now, then I'd have to make an exception for everyone else who had good reasons for breaking the rules. Pretty soon the rules would be meaningless, wouldn't they? So, although I really am sorry about it, the situation is clear, and it calls for you to be restricted to campus for the next month."
>
> The student looked appreciatively at the Dean through her tears. "It helps to know that you understand, but somehow it just doesn't seem fair under the circumstances. This will mean I'll lose my job, and I don't know whether Dad will be able to keep me in school or not." The Dean was sympathetic but made it evident that she had no choice.
>
> When the student was gone, Dean Stoddert sat back in her chair for a minute, herself swept by contradictory feelings. On the other hand, she felt a certain satisfaction that she had finally trained her feelings and her judgment to the point where she could stand firm when the regulations required it. For so many years she had found herself carried away by her sympathies so that she almost never was able to combine understanding with consistent application of the rules . . .
>
> Ruefully, Margaret Stoddert reflected that it had been a real struggle to be able to handle a situation as she had just handled this one. Yet, and here the irony came in, somehow she wasn't content. Somehow, she felt vaguely uneasy even as she reassured herself that she had done the job well. Later in the

day, on the couch in my office, she found herself ruminating: "I don't know what it is that keeps bothering me about that interview, but I feel restless whenever I think about it. And I keep thinking about it. It's like there's something I've overlooked, but I can't think what it might be . . ."

In this example Dean Stoddert avoided the role of decision-maker. She had not just administered the rules; she had been administered *by* the rules. If choice was exercised, there would be risk, even danger. Her rationale for that danger was: "If I make an exception for you now, then I'd have to make an exception for everyone else who has good reasons for breaking the rules."

Turning decisions over to others, to fate, to things, to rules, all are methods of avoiding the burden of making and carrying through on decisions. How the counsellor may combat these avoidances and thus facilitate the decision-making process in courselling will be taken up in some detail in a later section.

7.0 DECISION COUNSELLING: THEORETICAL CONSIDERATIONS

The purpose of this chapter is to provide a conceptual model of the counselling process including its various elements organized around the essential concept of decision. Such a model should recognize:

1. the *behaviour and motivations* of the individual.
2. the *potentials* for learning improved behaviour and motivation.
3. the various *reinforcing factors* of the environment.
4. the *interactions* occurring between the individual and environment
5. the strategies which can be used within the counselling process to activate and enable goal-directed movement to occur (a) within the counselling process, and (b) within the person's real-life situation.

The model constructed and reported here is a composite, broadly-based model drawing from various social science disciplines in an attempt to make the best use of contemporary research and conceptualizations in human motivation, learning and practical counselling strategies. Above all, it is oriented toward utility for the practicing counsellor.

These investigations are organized around a theoretical bias which acts as an organizing principle and which can be stated as follows:

> A highly significant concept in the practice of counselling is the "self", especially the *formation of self.* The picture of "self" or "person" (these two terms are regarded as synonyms throughout the paper) which can be drawn from current research on self-control is that of the person *as an active, decision-making problem-solver, possessing some degree of self-awareness, capable of changing himself or herself and achieving self-control and improving the*

quality of his decision-making to a greater degree that has customarily been assumed by either psychology and the man on the street.

A conception of counselling which keeps self-formation in the foreground stimulates examination of:

1. change through learning
2. decision-making and problem-solving
3. self-awareness
4. the development of self-hood (person-hood) which is (or can become) active, responsible, competent, and changed through counselling (educative) procedures.

The type of counselling under consideration in this chapter might aptly be titled: decision counselling[1] (in youth and adult counselling situations).

7.1 OVERVIEW OF DECISION COUNSELLING

As a process, decision counselling can be divided into two main stages: the *relationship* stage and the *decision-making* stage.

Relationship Stage

In counselling, the first step, in most instances, is to establish a working connection between counsellor and client. In the client-centered tradition this means that the counsellor first uses a set of attending skills (*facing* the client, establishing *eye contact*, *leaning* toward the client, maintaining an *open posture* toward the client, and responding to the client). Attending skills form the behavioural basis for relationship skills which include the three necessary and sufficient conditions of Carl Rogers:

1. *genuineness* (congruent, authentic, non-exploitative);
2. *unconditional positive regard* (warmth, liking, respect prizing);
3. *emphatic understanding*.

To these three Rogerian conditions are added Carkhuff's dimensions of helping:

4. *immediacy* (what goes on between us right now);
5. *confrontation* (telling it like it is);
6. *concreteness* (being specific).

These six skills (conditions) have been labelled "facilitative" by Carkhuff and have come to be considered the *sine qua non* of effective counselling. The conceptualizations of Carkhuff and others similarly oriented have given rise to what is termed "Technologies of Skill Training". A veritable avalanche of curricula, programmed materials, texts, tapes and other instructional paraphernalia has descended upon counsellor education and other "helping skill" groups.

The major premise of the Rogers-Carkhuff orientation is that the counsellor who has learned (either by life experience or by training, or both) to *demonstrate* emphathy, genuineness, respect, concreteness, immediacy and who has learned how to use confrontation is very likely an *effective* counsellor; at the very least these six qualities (skills), which are based on attending skills, constitute the necessary ingredients of a facilitative counselling relationship and enable the counsellor to establish a working connection with clients.

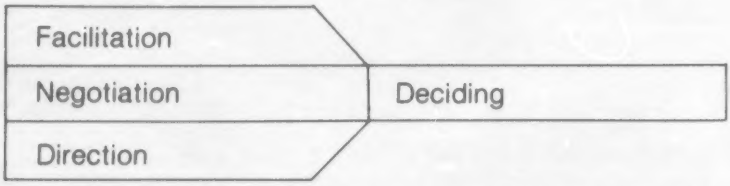
Psychologically, the elements of this type of relationship are designed to develop trust, reduce defensiveness, provide safety, promote an interpersonal climate within which risk-taking, exploration and self-disclosing become easier. Enthusiastic proponents of facilitative relationship counselling claim that it is sufficient as a counselling method. More recently Carkhuff has begun to advocate a problem-solving method (Carkhuff, 1973) to supplement the facilitative conditions.[2]

As the previous paragraphs have indicated, *one* way to describe the relationship stage of the decision-counselling model is "facilitative". This is a widely acclaimed method about which I wish to make an important point, that is, the facilitative orientation is certainly effective in establishing a working connection with *some, but not all*, clients. It works best with YAVIS clients (YAVIS = young, attractive, vivacious, intelligent, successful) but not so well with non-YAVIS clients.

Keeping in mind that the objective of the first stage of the decision counselling model is to establish a working connection; and assuming that the facilitative method is not always appropriate (clients are often suspicious, distrustful, resentful, passive, resistant, other-dependent, etc.) than the first stage of the counselling model:

Facilitative Relationship	Deciding

needs to be differentiated as follows:



Some clients (the so-called "good" clients) respond well to the facilitative conditions and in such cases the facilitative relationship is easily established and is appropriate. Other individuals are not so amicable to facilitative conditions and regard the counsellor with distrust, suspicion, wariness, and reluctance. None-the-less, it is necessary to establish a working connection in order to proceed with counselling procedures of any kind. With such individuals, counsellors may better attempt to negotiate (make a deal, with pay-offs to both parties) a working connection rather than to rely upon facilitation. Negotiating skills can be learned in much the same way that facilitation skills are learned. The use of negotiation rather than facilitation does not imply that warmth, trust, immediacy and non-direction and other facilitative conditions are *undesirable*; rather that with some clients they are not easily attainable. Under time-limited conditions and with NON-YAVIS clients, negotiation may simply be a more efficient method of establishing a working connection.

In addition to the "good" clients and the reluctant, suspicious clients there is yet another group of clients whose dominant feature is that they are noticeably non-self-directing. Some members of this group are demoralized, defeated persons; others are highly dependent on the initiative of persons with authority. Still others are passive, indifferent, disengaged persons. All are low on the scales of motivation, initiative and self-regulation as measured by conventional opinion and by tests of motivation. Such persons may respond only minimally to facilitation (there may even be a retrograde effect); they may be unwilling or unable to enter into a negotiated working relationship; the only recourse left for the counsellor at this point is to take a direct, authoritative role, and tell the client what is to be done so that a working connection can be established. Needless to say, this approach, like the others, is not infallible — some people will refuse direction and be willing to take the consequences of so doing.

Without going into details at this point, what I am indicating is that the counsellor's repertory for establishing a working connection (relationship) with clients should be expanded to include, in addition to facilitation, two other strategies: negotiation and authoritative direction. I am not recommending that one mode be given preference over the others as a matter of principle; rather, that counsellors are more likely to be effective in establishing working relationships with clients if they:

(a) have the ability to use all three modes.

(b) can judge under which circumstances and with which clients each mode is most likely to be effective.

7.2 DECISION STAGE

Assuming that the counsellor has established a working connection with the client, then the counselling focus becomes one of:

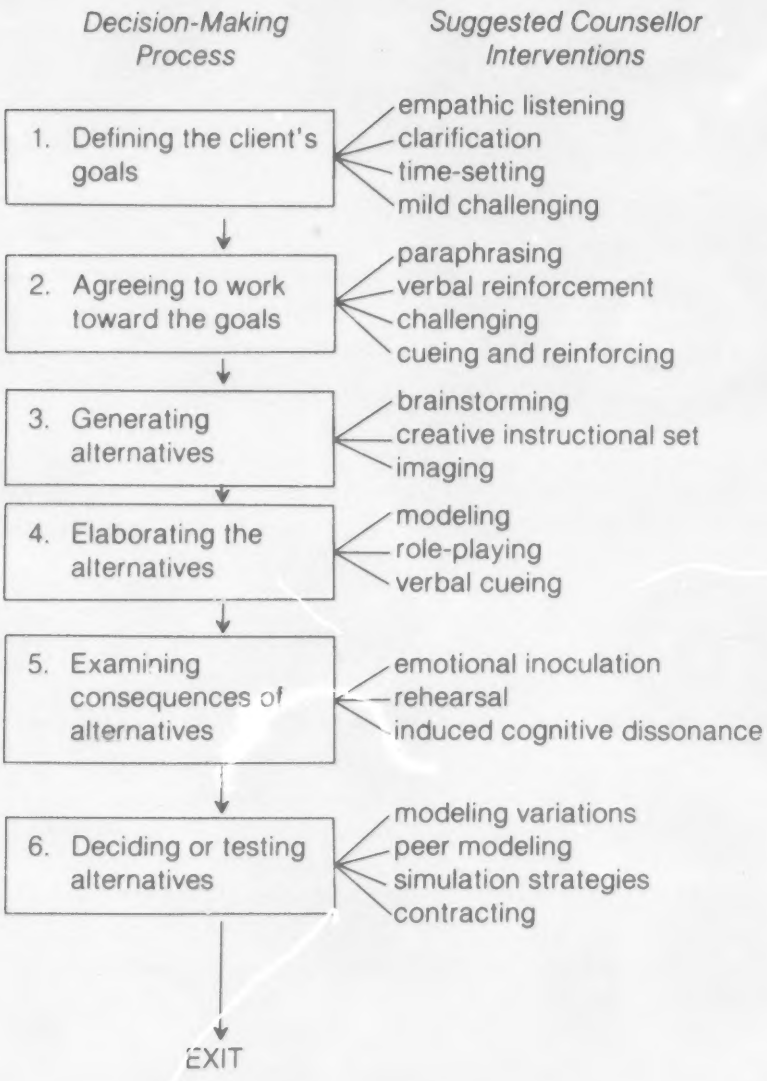
1. forming a decision;
2. implementing (maintaining) the decision; and
3. in many cases, re-deciding.

This is an over-simplified statement but it suggests the three main organizing points in the decision-making process.

In utilizing a decision-making approach in counselling two questions are of prime importance. First, which decision-making model is most feasible to use within the context of counselling (especially employment and vocational counselling)? And, second, which specific counselling interventions are appropriate and useful at different points of the decision-making process?

As a starting point, the following diagram illustrates the points made in the preceeding paragraph. On the left is the Krumboltz paradigm[3] (Krumboltz & Baker, 1973) for the vocational decision-making process; on the right are suggested counselling interventions for each step in the process. (In actual practice, the steps in the model are not necessarily sequential nor are the counselling interventions as neatly laid out as suggested by the diagram.) I am not necessarily advocating for the use of the Krumboltz model, rather I am including it simply as an example of linkage between decision process and counselling interventions.

Diagram I



If the central concept in employment and vocational/career counselling is decision (deciding, re-decisioning, decision-making, decision-process, choosing, choice) then any effort to organize and implement *decision* counselling should take into account theory and research from:

1. decision-making research and theory;
2. problem solving; and

3. those counselling interventions which have been developed to implement decision-making and problem solving.

7.3 DECISION MAKING: CRITICAL ISSUES

A naive perspective on decision-making might be: *if* an individual possesses clear knowledge of objective values and clear knowledge of the probability with which a given event will occur and provided that necessary conditions prevail, *then*, the decision-making process employed by the individual (in or out of counselling) will be logical, consistent, rational, predictable and efficient.

Of course, such a perspective is nonsense. First of all, we know of very few "objective" values. Secondly, probability is more frequently subjective than objective. Even eminent mathematicians make a case for the personal or subjective nature of all probability (Savage, 1954)[4].

There is no difficulty in assigning probability values to simple, repeatable events such as coin-flipping or dice-rolling. However, most of the events of human existence are complex, not simple; further, many of the events of our lives are *not repeatable*.

In short there is no basis for believing that human decision-making is, or can be construed as having an objective basis. Human decision making must, in principle, be conceptualized as subjective.

This conclusion forms one of the strongest possible arguments for the importance of counselling when counselling is conceptualized as a process designed to (a) identify, clarify and minimize subjective elements of decision- making, and to (b) correlate subjective and objective factors.

Objective probability is bounded by a scale of 0 to 1. The probability of an event and the probability of its non-occurrence must sum to 1. However, working backwards from decisions already made, it is fairly easy to determine that people are not constrained by such logic. For example, bettors are likely to estimate their chances of winning *and* losing as each being greater than .5.

No informed person denies that there is a basis for objective probability grounded in an "out-there" reality. As persons, our problem with "out-there" reality is:

1. we do not have much access in any practical way to this "objective" reality.

2. theories and explanations based on such an objective foundation do not account very well for the behaviour of individuals (nor is there any compelling reason to believe that the slogan "What is needed is more research" will ever enable objective-logic based explanations to account for the behaviour of individuals; such as assertion is most probably the empty cry of the social scientist blinded by desire for "scientific" status.)

A partial way out of the objective-subjective probability dilemma is provided by Bayes' theorem. Bayes was an eighteenth-century English clergyman whose theorem suggests that the more information we have about objective probability, the greater the likelihood of agreement between the objective probability estimate and our own subjective probability estimate. Two individuals who are given loaded dice (unknown to them) to roll, and differing widely in their pre-rolling estimates of the probability of rolling a dice-count of seven will, after several rolls, revise their estimates to be in relatively close agreement — with themselves as well as with objective probability. Their revisions will be made possible by their acquisition of new information — in this instance about the "loaded" nature of the dice.

This perspective on the improvement of subjective probability had direct implications for counselling. For example, an individual's subjective estimate of the probability of satisfactoriness that he or she can perform on a job should increase with the increase of actual, objective information he acquires about the job and about himself or herself.

From decision-making theory the following five principles can be extracted to aid in the development of efficacious decision-counselling:

1. People make decisions on the basis of subjective probability and subjective value (also termed utility).
2. In situations where we are certain of the outcome (riskless situations) we nearly always act in order to *maximize* utility. In many situations what we actually do is decide and act so as to *minimize negative utility*.
3. Most decisions (in and out of counselling) are made *at* risk; that is the outcome is not certain. In such circumstances the primary rule seems to be: *maximization* of *expected* utility.

4. Maximization of utility or expected utility are often referred to as "optimization" strategies and would appear to be the only rational strategies. Closer examination reveals, however, that in many cases optimization is neither possible nor desirable. For example, to make the most optimizing decision may require very large amounts of information — more than the individual can process. The human capacity for processing information is 7 ± 2 relevant categories; "information inundation can be quite as debilitating as information scarcity" (Miller and Starr, 1967).[5]

   Also, the amount of time required to carefully research *all* salient alternatives may not yield a final decision of sufficient increase in value over a less compared but none-the-less, satisfying decision to warrant the expenditure of time (and effort). Such considerations as these suggest that suboptimalizing tactics may be just as rational as optimizing strategies. Clients (and counsellors) certainly do selectively ignore certain information as a decision point is sought and the basic problem may be more which information one should ignore rather than attempting to include all possible factors in the decision-making process — a strategy which may exhaust and defeat all but the most persevering individuals.
5. Both the probability-estimating ability of an individual and the definition of what is "valuable" for the individual are very much subject to the laws of learning, i.e., depend upon the reinforcement schedules which the individual has been exposed to in previous life experiences. My predicting capacity and my values may either be maladaptive or efficacious depending on prior learning. Such considerations as these suggest that counsellors need to be alert to the reinforcers to which clients are subject and the estimating behaviours which clients have learned (to say nothing about what clients regard as "valuable") in implementing a decision-counselling approach.

7.4 THE CONFLICT MODEL OF DECISION-MAKING

In the preceeding paragraphs I have commented briefly on issues in "conventional" decision-making which impinge on counselling. There are various difficulties which arise when one tries to utilize conventional decision-making theory to counselling. Two of the most important drawbacks are:

1. the reductionistic perspective of decision-making theory (predicting the flip of a coin and predicting job attainment and satisfaction are enormously different levels of complexity - people do not behave as simplistically or with as much rationality as do coins!).
2. The elements of classical decision-making remain at an abstract level and it is not at all clear how one derives practical strategies from the abstract concepts which make up decision-making theory.

While conventional decision-making theory can make some very important contributions to decision counselling, other ingredients important for counselling are missing. The factors which are not taken into account fully enough in decision-making theory include:

1. *attitude change,*[7 8 9]; *cognitive dissonance,*[10]; *conformity*[11]; *commitment*[12]; *learning*[13 14]; *conflict*[15]; *motivation*[16 17]; *self*[18 19 20 21]; *environment*[22]; and *counselling interventions*[23 24 25 26 27 28].

Of course, no single author has taken all ten factors into full account while developing a decision-making theory and approach suitable for a counselling context. Janis and Mann (1977)[29] have drawn extensively from the majority of the ten factors listed above in the development of the *conflict model of decision-making*. It was the stated goal of Janis and Mann to help "develop practical means to improve the quality of decisions made by individuals. . .", and "to provide a comprehensive descriptive theory of how people actually cope with decisional conflicts". In the following pages, I wish to acknowledge considerable indebtedness to Janis and Mann.

7.5 HOT AND COLD DECISIONS

"Cold" decisions are those arrived at in a calm, deliberate, detached manner. The choice of which clothing to wear to work on a particular day, whether or not to open a

checking account, and if "yes", at which bank, are examples of "cold" decisions or cognitions. On the other hand many of our decisions are "hot" decisions - aroused by more vital concerns of health, safety and emotional stability (Abelson, 1963)[30].

The Janis and Mann (1977) model of decision-making is particularly pertinent to "hot" decisions, "when human beings are required to make decisions on highly ego-involving issues" (p. 46). Hot decisions are made in a context of stress; utility values for hot decisions are usually high but very difficult to calculate. Examples of hot decisions include deciding what to do upon being fired, choosing one's career, deciding to compete for a job, choosing a marriage partner or deciding on a medical course of action for a serious illness.

7.6 CONFLICT MODEL FOR DECISION COUNSELLING: FIVE STAGES

Janis' five stage model was originally based on studies of people who were seeking decisions in difficult personal matters: smoking, losing weight, selecting medical treatment. Later research was extended to other forms of personal decision-making including career choice. Out of these studies Janis developed a five stage sequence schema which may be applied to a wide variety of personal issues, especially "hot" decision issues.

Janis' Five Stages

	Stage	*Key Questions*
1.	Appraising the challenge (problem, crisis)	Are the risks (consequences) serious if I don't do anything?
2.	Surveying alternatives	Have I sufficiently surveyed the available alternatives? Is the most *salient* alternative an acceptable one for dealing with the challenge?
3.	Weighing alternatives	Which alternative is best? Could the best alternative meet the essential requirements?
4.	Deliberating about commitment	Shall I implement the best alternative? Shall I let others know?
5.	Adhering despite negative feedback	Are the risks serious if I don't go ahead? Are the risks serious if I do go ahead?

7.7 The "Ideal" Decision Maker

Counsellors must be painfully aware that the "ideal" decision maker probably does not exist. However, it is useful to have some notion about what constitutes "ideal" decision making. Such a model can serve as a guide in choosing practical procedures for guiding or facilitating the decision-making process.

Through an extensive review of the literature on decision making, Janis and colleagues developed a list of seven *procedural criteria* which, if adhered to, would have the best chance of guaranteeing that a decision of high quality is made and implemented. Further, failure to meet any one of the criteria (at least in part) constitutes a defect in the decision-making process. The more defects, the more likely that the decision will be ineffective and regreted. The *ideal* decision maker, to the best of his ability:

1. *identifies* the objectives to be fulfilled and the values implicated by the decision;
2. *canvasses* a range of alternative courses of action;
3. *examines* the costs and risks of both negative and positive consequences which could result from each alternative;
4. deliberately *searches* out new information relevant to *evaluation* of the alternatives;
5. *takes into account* new information and expert opinion or technical advice to which he is exposed even though such information, opinion and advice does *not* support the initial preference;
6. *reviews* the positive and negative consequences of all known alternatives, including those initially judged to be unacceptable, before making a final decision;
7. makes provisions for *implementing* the chosen course of action, including the formation of contingency plans that might be required if known risks or difficulties arise.

As already mentioned, very few people, if any, wholly meet these criteria in arriving at decisions. In fact, if one did, the result would probably be that one would be labelled an obsessive-compulsive!

However, the more one tends toward these criteria the more one represents what Janis and Mann term *vigilant information processing*.

Most people are not very high on the scale of vigilant information processing. People tend not to be "cool" decision makers but "hot" decision makers operating under stress, uncertainty and with limited information. A very important consideration for counsellors is that most clients are *reluctant* decision makers, beset by worries, doubts, and conflict, struggling with clashing loyalties, longings, preferences and dislikes, and struggling to find emotional relief by procrastinating, rationalizing, avoiding and denying. Very large numbers of people, especially those who seek employment and vocational counselling are prone to withdraw from conflict, uncertainty and commitment. In addition to promoting decisions of quality, the counsellor must also know how to reduce avoidance behaviours in clients (put positively, be able to foster commitment, reinforce effective behaviour maintenance). It is predictable that most people, when faced with a decision-to-be-made (deciding to go for a job interview) will engage in some form of avoidance behaviour (*procrastinate*, *blame* someone else for stacking the deck against the applicant, *put up false barriers*, etc.) - behaviours which interfere with decision making and which reduce the likelihood that a decision, if made, will be translated into action; or that a plan of action will be successfully maintained until the desired goal has been reached.

7.8 COPING PATTERNS IN DECIDING

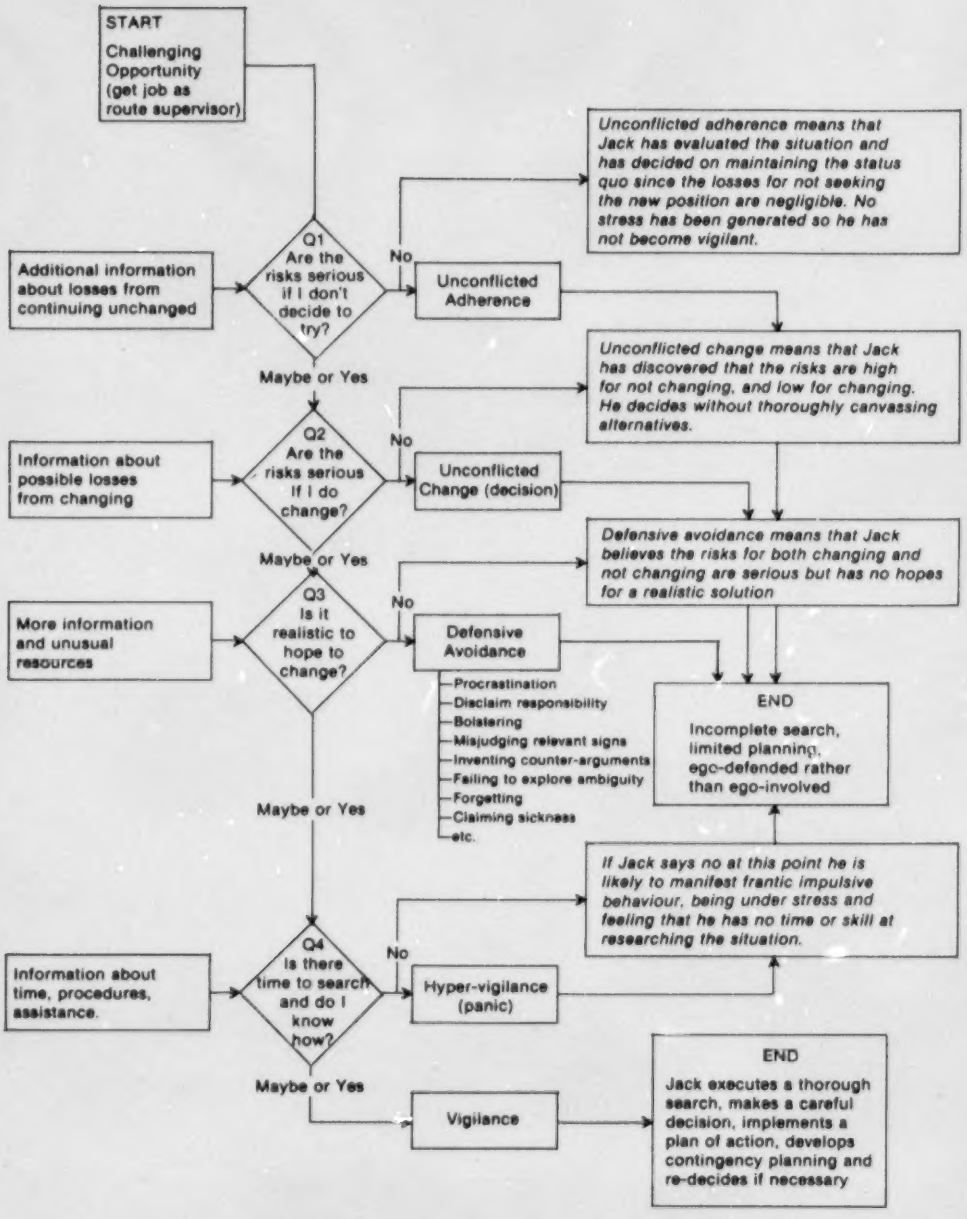
In order to illuminate five types of coping patterns which characterize decision-making situations, consider the following example:

> J.S. is a delivery driver for a soft drink company. He has been driving for 3 years, has a good work record, is married with a young daughter. He learns that a route supervisor's job will be open in the near future. He is eligible to apply; the job would pay more and carry greater responsibility; however, the job application is competitive and he knows of several drivers with more seniority than himself. Up until now he has never sought any job advancement.

We can diagram J.S.'s decision making possibilities along the lines of the Janis' conflict model (slightly revised) as follows:

DIAGRAM 2

Counselling and the Conflict-Decision Model


START
Challenging Opportunity (get job as route supervisor)
Q1 Are the risks serious if I don't decide to try?
No
Unconflicted Adherence
Unconflicted adherence means that Jack has evaluated the situation and has decided on maintaining the status quo since the losses for not seeking the new position are negligible. No stress has been generated so he has not become vigilant.
Additional information about losses from continuing unchanged
Maybe or Yes
Q2 Are the risks serious if I do change?
No
Unconflicted Change (decision)
Unconflicted change means that Jack has discovered that the risks are high for not changing, and low for changing. He decides without thoroughly canvassing alternatives.
Information about possible losses from changing
Maybe or Yes
Q3 Is it realistic to hope to change?
No
Defensive Avoidance
Defensive avoidance means that Jack believes the risks for both changing and not changing are serious but has no hopes for a realistic solution
More information and unusual resources
Procrastination
Disclaim responsibility
Bolstering
Misjudging relevant signs
Inventing counter-arguments
Failing to explore ambiguity
Forgetting
Claiming sickness
etc.
END
Incomplete search, limited planning, ego-defended rather than ego-involved
Maybe or Yes
If Jack says no at this point he is likely to manifest frantic impulsive behaviour, being under stress and feeling that he has no time or skill at researching the situation.
Q4 Is there time to search and do I know how?
No
Hyper-vigilance (panic)
Information about time, procedures, assistance.
Maybe or Yes
Vigilance
END
Jack executes a thorough search, makes a careful decision, implements a plan of action, develops contingency planning and re-decides if necessary

Step I

Q1: Are the risks (threat to self-esteem; financial) serious if I don't decide to go for the new job?

Answer 1 "No" Jack quickly decides that he will not risk or lose much by staying in present position as route driver. Little stress is generated in deciding, no conflict is experienced; the decision is simple and easy - whether or not it is a "correct" decision is another matter.

Answer 2 "Yes" Jack decides that to stay a route driver is risky and might entail losses which he wishes to avoid. Thus he stays in the decision process and begins to experience stress (challenge).

Step II

Q2: Are the risks serious if I do go for the job?

Answer 1 "No" Jack quickly takes the route of unconflicted change. On the surface this seems the best way to go. However, since he has not canvassed the situation very thoroughly, and does not develop any contingency plans in case of stress or failure, this hasty decision may soon become a source of complications.

Answer 2 "Yes" Jack now recognizes that there are risks both in not changing and in changing. He is in conflict. Ideally he sees the need for information, clarification and alternative setting. He should catalogue the resources available to him, including his own competencies and potentials.

Step III

Q3: Is it realistic to hope for success?

Answer 1 "No" By saying "no" Jack indicates that he is ready to resort to one or more of a long list of avoidance behaviours ("I'm not good enough"; "I don't have a choice"; "They're against me"; "The whole thing is too complicated"; etc.).

Answer 2 "Yes" In saying "yes" at this point Jack takes an important step in commitment. He must confirm a decision, realize a plan and decide whom he should now tell about his decision and plans.

Step IV

Q4: Is there time to search for the information needed? If I don't know how to proceed, is there time for me to learn how?

Answer 1 "No" If Jack has committed himself but does not perceive that he has time (or resources) needed to search out information and implement a plan of action, he now is highly likely to engage in frantic, almost goal-less, action.

Answer 2 "Yes" At this point Jack has carefully canvassed the situation and alternatives, he has a commitment based on hope for success, he believes that the necessary time and resources are available, and he is in the role of *vigilant information processor* resolved to persevere (even in the face of negative feedback) toward a successful resolution of the problem (decision and plan of action).

Missing from the above process is a description of the counsellor activities which might support Jack's decision-making process. It is to such counsellor activities which we now turn.

7.9 COUNSELLOR ACTIVITIES IN DECISION COUNSELLING

As already indicated earlier in this paper, decision counselling has two major stages: the relationship establishing stage and the decision making stage. The following discussion of counsellor activity is focussed mainly on second stage activities. The three main categories of counsellor activity to be reviewed are assessment, intervention and evaluation.

Assessment activities are those activities primarily designed to aid in client identification, problem identification and clarifying what *goals* or objectives might be sought in order to ameliorate the client's problem or bring about an effective decision.

Assessment in counselling includes the identification of those skills and knowledge presently lacking but necessary for clients to be able to:

1. conceptualize and articulate problems;
2. enlarge the client's response category and generate a range of alternatives;
3. choose between alternatives of differing utility;
4. undertake and maintain a course of action which flows from client decision. (In behavioural jargon, this is known as response selection.)

In decision counselling, the counsellor is interested in a package of client behaviours, not just achieving *a* decision. For example, consider the counselling goal stated in the preceding paragraph - enlarging the client's response category. This essentially includes three assessment sub-goals:

a) does the client have an ability to maintain emotional control? (Decisions are not fostered in the midst of emotional turmoil.)

b) does the client appear to have the ability to define (identify) the main choice or decision area?

c) can the client demonstrate *any* understanding of the decision process?

Similarly, enlarging the client's response category contains three assessment sub-goals:

a) has the client already acted (decided) impulsively?
b) has the client considered all of the alternatives known to the counsellor?
c) does the client plan to search for more alternatives?

Intervention activities are utilized to enable clients to *obtain* objectives. A wide variety of counselling interventions (techniques) may be used singly or in combination to assist in client goal attainment.

Evaluation interventions are used to try and determine if the client has reached the goal(s) of counselling.

In actual practice, assessment, intervention and evaluation activities are not necessarily in order. Rather than occurring in a lock-step progression, counselling activities often *recycle* (in the case of multiple or emerging goals) or *backstep* (in the case of goal rejection of when prior goals have not been met).

Keeping in mind this three-way categorization of counsellor activities, we can now proceed to return to a short version of Janis' decision making model and reference various counselling skills to stages of the model (and accompanying client behaviour). Table II on page 225 of this text demonstrates the linkage between decision making process and counselling interventions.[8] The listing of interventions is by no means exhaustive.

8.0 THE COUNSELLING INTERVIEW FROM A BEHAVIOURAL PERSPECTIVE

The principles outlined in the following paragraphs for conduct of the adult counselling interview are based on the assumption that adults are (at least in principle) legally and psychologically responsible for their own actions. For the most part, adult counselling should attempt to increase self-reliance and assist help-seekers to establish ever-greater control and direction over their own lives.

A second assumption is that the counselling interview is an educative, rather than a curative, process. The counselling interview is a place to discuss freely those issues which have brought the client to counselling in the first place. It is a place to decide and re-decide, to problem-solve, and, most of all, to learn. The effective counsellor is able to establish *the conditions necessary for clients to learn*. The learning may take the form of problem solution or insight. It may also take the form of acquiring new concepts, attitudes or behaviours. Certainly the client often acquires new information and even self-knowledge. Further, the client may *unlearn* behaviours, concepts, or attitudes which block effective action or new learning. Even though an individual may have the actual competencies necessary to perform a certain task or job, if the individual *believes* that he or she is incompetent for that task, then no positive decision or action is likely until the *self-defeating belief is unlearned*. One main result of effective counselling is to reduce the need for counselling.

The first contact between counsellor and help-seeker is especially important and will frequently set the tone for any necessary subsequent meetings. An initial counselling session may be thought of as successful if the help-seeker leaves with a feeling of confidence that he or she has come to the right place for assistance, a place where concerns can be openly discussed, solutions can be sought, information can be secured - in other words a place where improvement in the

area of one's concern seems possible. Realistic hopefulness is a powerful motivator for a person to continue seeking aid through the counselling process.

There are no mechanical rules to follow in getting through the counselling session. Most experienced counsellors have developed certain procedures which they follow in a *flexible* fashion. It is important to establish a basis for interpersonal communication and maintain a basis for determining counselling goals. It is necessary to remember also that sometimes one contact is all that is needed to eliminate the conditions which brought the person to counselling. Thus, the initial contact may also be the final contact. In most instances, however, counselling involves several meetings - depending of course, upon the circumstances which brought about a need for counselling and depending upon the willingness and ability of both the help-seeker and the help-giver to work for satisfactory resolutions.

If the help-seeker leaves the counselling interview feeling that the help-giver was uninterested, dictatorial, impatient, clumsy, chummy, or officious, then a very poor tone has been established. In fact, most help-seekers look for counsellors who are reliable, attentive and caring. An effective counsellor knows how to establish a reliable, caring attitude. However, *what* he or she does to achieve these goals will vary to fit the needs of each help-seeker. The guidelines which follow are not intended to fit every occasion. They are meant as general suggestions and not specific prescriptions. They are formulated from a behavioural perspective. This means that they emphasize counsellor behaviours and goals.

1. *The counsellor should be able to establish psychological contact.* When two people open conversations, they usually exchange a few words of small-talk, or "chit-chat". If brief, such comments as "I guess you had a hard time getting here with the snow and all", or some other beginning remark are appropriate.

   However, such small talk should be put aside very quickly by the help-giver saying something like "what brings you here?" or "Mr. Smith mentioned that you might be stopping by - what can I do for you?". These statements begin to define the *purpose* of the counselling session and set a down-to-work tone.

A quiet, friendly, down-to-business opening which brings both the help-seeker and the help-giver to the purpose of the meeting is desirable. The help-giver should not initiate conversation which can be interpreted as over-concerned, trivial, indifferent, over-dramatic, buttering-up, overly friendly, official, expert-like, parental or authoritarian.

2. *The counsellor should be able to recognize the reasons for seeking help.* Help-seekers often are unable to say clearly why they are seeking help or they may give safe or weak reasons for wanting help. Thus it is up to the help-giver to take the lead in exploring and identifying the reason or reasons why counselling is being requested. To overlook this step may lead to much fumbling about in the dark and false starts in this interview as well as in later sessions.

   It is best to stay away from a "problem" focus. Actually, people don't have "problems". What they do have are concerns, difficulties, situations, relationships, and conditions under which they live. People are always responding in varying degrees of effectiveness to these life conditions.

   By clarifying what are the factors in one's life which need attention and improvement, counselling may provide a basis for discussion and learning how to improve one's performance and life conditions.

   Rather than locate "the problem", an initial task of the help-giver is to aid the help-seeker recognize what changes are desired - and to aid the help-seeker realize that behaviour *can* be improved and conditions *can* be changed and the help-seeker can (must) have an important part to play in this process of improvement and change. *Then*, move on toward decisions or behaviour change.

3. *The counsellor should be able to establish whether or not help has already been sought? If so, where and when and for what reasons?*

   A help-seeker usually comes to counselling with pre-set notions about counselling. If the previous experience has been helpful, then the individual's orientation will be positive - or dependent! Often a person seeks help as a result of talking to a friend or

acts upon hearsay about counselling. An effective counsellor tries to determine if the help-seeker has had (or is having) help on the issue at hand from any source: a minister, teacher, counsellor, psychologist, psychiatrist, friend, relative, neighbour, etc. This knowledge can help straighten out what is expected from counselling and avoid confusion, contradictory advice and interference with other counselling.

4. *The counsellor should be able to recognize the help-seeker's expectations*. There are several reasons for finding out what the help-seeker expects from the counselling situation. First, a help-seeker may have completely unrealistic expectations which can never be met through counselling. Second, if a counsellor fails to clarify why the help-seeker has come for counselling, the result may be a long and frustrating tangent. Some people want very specific help-like help in getting a job or information about how to go to school. Others want help with personal distress - marriage, child-rearing, loneliness, death in the family, etc. Others are not able to say very clearly just what they wish help with beyond that they are dissatisfied or uneasy or upset. But even knowing that a help-seeker is not able to state clearly what is expected or what is the matter is a start!

5. *The counsellor should be able to provide a clear definition of what kind of counselling can be expected*. Some time during the first contact, the counsellor should focus directly upon what the help-seeker expects and explain what kind of counselling can be given in this particular situation. Sometimes there is a big gap between what the help-seeker expects and what the help-giver is willing or able to give. If this is so, then the earlier this discrepancy is known, the better off both will be. Some guidelines for the help-giver in defining what he or she is able to give are:
   a) don't beat around the bush
   b) don't make promises that can't be delivered
   c) don't suggest something which you have only read about but do not have direct, practical experience with,
   d) say what you can do and will do, as help-giver,

e) say what you expect of the help-seeker,
f) state counselling goals in language which is appropriate to the help-seeker,
g) explain that counselling often means (mental) work and is more than idle conversation or cheap advice,
h) check-out with the help-seeker to find out if what you are offering is what he or she is seeking.

Establishing a definition of what is meant by counselling makes it possible to focus and evaluate the counselling process by asking (at a later time) "What has this got to do with what we said we are trying to accomplish here?". This definition may have to be reviewed from time to time in subsequent interviews.

6. *A counsellor should be able to state the confidential nature of counselling.* A help-seeker has the right to know who else (if anyone) besides the help-giver will have access to any information or data which is given through counselling. In fact help-seekers have the right to know if anyone else will even know that they are seeking help through counselling.

   The help-giver should not give a long-winded assurance about confidentiality. A short, matter-of-fact statement is preferable. Long assurances merely breed suspicion. If information is going back to a referral agent, then the help-seeker should know this.

   The help-seeker or help-giver should discuss how information is to be given to other parties, if information is to be given - and when. This is especially true where others such as parents, spouses, employers, or teachers are possibly to be informed that counselling is occurring and especially if the content or results of counselling are to be made acceptable to anyone else.

7. *A counsellor should be able to explore and search for meaningful counselling content and issues.* This is one of the most important functions of counselling, especially the initial counselling contact. While the help-seeker is the ultimate "authority" on what is

important, the help-giver has a responsibility to encourage active exploration of the question "What should we focus on?" There are no formulas for this but frequent explorations include:

a) work obligations and situations,
b) areas of interpersonal stress and conflict,
c) checking out physical symptoms - eating, sleeping, exercise, etc.
d) finding out who is especially significant in the help-seeker's world right now.
e) exploring the help-seeker's use of time and organization of life activities.
f) exploring emotional ups and downs,
g) exploring personal satisfactions and dissatisfactions.

With some clients, there is very little need to search for meaningful contact since the client will already have clearly defined needs and expectations.

8. *A counsellor should be able to estimate the help-seeker's ability to cope and change.* Counselling can be quite frustrating especially to the help-giver who fails to realistically perceive a client's potential for change. If a help-seeker does not seem to profit from counselling, there may be several explanations, not the least of which may be a limited capacity to cope or to change. Counselling is a process aimed at improving how a person thinks, feels and acts about his or her life concern. Improvement in how one thinks and/or feels about important issues in life paves the way for more productive and rewarding behaviour. In trying to determine a help-seeker's potential for change, one must try to keep in mind not only behaviour but also the individual's ability to think and his or her ability to identify and manage emotions. A help-giver need not feel badly about *failing to do the impossible.*
9. *A counsellor should be able to recognize feelings.* In almost all counselling contacts, feelings play an important part. Reducing negative emotions and their causes as well as promoting positive feelings is a necessary part of the counselling process. It is quite common to find that in an initial contact, the

help-seeker is aware of feeling strongly, but doesn't know how to use or manage feelings effectively. It can be crucial to subsequent counselling contacts that some sorting-out of feelings and correct identification of significant feelings be facilitated by the help-giver. A feeling is both emotional and meaningful. Feelings are not ideas although ideas can cause feelings and feelings do have a meaning. Clearing up distortion in feelings is often a necessary prelude to successful thinking and behaving. A help-giver who is able to recognize, accept and clarify the help-seeker's feelings in an initial contact has taken an important first step which promotes successful counselling in the ensuing contacts.

10. *A counsellor should be able to establish counselling structure*. Counselling, whether one contact or many, usually proceeds through four stages: 1) *psychological contact*; 2) *exploration*; 3) *understanding*; 4) *action or change*. In the very first contact a help-seeker can be encouraged to use the counselling time in a purposeful way. This provides a certain structure to the counselling session and promotes the idea of priorities, plans, and change. Encouraging the help-seeker to use self-help tactics also suggests a self-reliant goal and promotes a learning structure organized around the help-seeker's own capacity and personal resources. From the beginning, counselling structure should be directed toward self-reliance rather than toward dependency.
11. *A counsellor should be able to get a commitment to counselling*. If counselling is a one-time contact, then obtaining a commitment is not an issue. However, when the help-seeker presents a problem, a request for help in decision-making, or desires to change life conditions, several counselling sessions may be called for and obtaining a commitment to counselling is essential. With some help-seekers it is only necessary to arrive at a simple verbal agreement to return. A short written "contract" specifying what both counsellor and help-seeker will do before the next counselling session and specifying an agreement to meet for a set number of times may be necessary, especially for help-seekers who have a

reputation of failure to follow through on commitments. One thing is certain: the help-seeker who remains uncommited is not likely to return for further counselling. If he or she should return, the chances that counselling will flounder or remain unproductive are great! If a help-seeker *does not have* a sincere commitment to counselling and appears unwilling to develop a commitment, it is better to find this out sooner rather than later.

12. *A counsellor should be able to prescribe learning-oriented homework.* A help-seeker should leave the counselling session with firm ideas about what he or she can do (and has agreed to do) to improve his or her situation before returning to the next counselling session. For example, a prospective student may agree to study the course brochure, before returning, or a job applicant may agree to go for a specific job interview. Or a person may agree to keep a personal journal and make entries about a conflict situation which he or she is currently experiencing. It is important to elicit "homework" assignments from the help-seeker rather than resorting to imposition by the help-giver. In a sense, the real test of counselling effectiveness is what the help-seeker does *outside* of the counselling session to improve his or her situation. Help-seeker is responsible for his or her own behaviour and change, learning to take charge of his or her own actions and direction in life often begins in the first meeting with the assumption of learning-oriented homework responsibilities.
13. *A counsellor should be able to close the counselling session.* A counselling contact should, if at all possible, close on a friendly but business-like note. "I believe that we've gotten a good start today and I'll look for you next Tuesday at 2:30", is an example of a closing remark. Some help-givers feel compelled to go into a lengthy review of what has happened in the session. This is usually not only unnecessary but often boring and detrimental. A brief mutual check-out on progress, goals and agreements is a more appropriate method of closing the counselling interview.

14. *A counsellor should be able to evaluate counselling performance.* It is important for counsellors, even highly trained and experienced counsellors to continuously evaluate their own counselling performance. There are three possible sources of evaluation data: *self-evaluation*, *evaluation by peers*, and *evaluation by supervisors*. Evaluation can be carried out by direct observation [seldom feasible] by listening to audio-tapes or viewing televised interviews, or by studying interview notes. Evaluation can also be done on actual counselling interviews or by means of role-played interviews in training sessions.

    Of course, evaluation is an important consideration at all stages of the counselling process but is especially critical at the opening stage of counselling. The initial counselling contact sets the tone (and structure, to some extent) for subsequent interviews.

    In order to indicate how one may proceed to evaluate the counselling interview, and its many components, two rating procedures are outlined below. The first is simply an evaluation checklist which enables a yes/no rating on each of the fourteen principles promoted in this chapter.

    The second evaluation device, which is suitable for rating a wide variety of counselling performances, is constructed to enable ratings to be made on six levels of competency ranging from *not competent* to perform a given task to *outstanding* competency to *perform and learn* this task.

    Both rating devices can be used by self, peers, or supervisors. A key factor in the use of evaluation scales is the extent to which the skills or competencies have been defined and explained in behavioural terms so that they are directly observable.

Evaluation Checklist for the Initial Counselling Interview

The counsellor was able to:				Date: Counsellor: Rater:
YES	NO	?		
—	—	—	1.	Establish psychological contact.
—	—	—	2.	Recognize help-seeker's reasons for seeking help.
—	—	—	3.	Determine if other counselling is being (or has been) sought.
—	—	—	4.	Recognize the help-seeker's expectations.
—	—	—	5.	Provide a definition of what kind of counselling can be expected.
—	—	—	6.	State the confidential nature of counselling.
—	—	—	7.	Locate meaningful counselling content.
—	—	—	8.	Estimate the help-seeker's ability to cope and change.
—	—	—	9.	Recognize significant feelings.
—	—	—	10.	Establish counselling structure.
—	—	—	11.	Get a commitment to counselling.
—	—	—	12.	Prescribe psychological homework.
—	—	—	13.	Close the session.
—	—	—	14.	Evaluating counselling performance.

Counselling Evaluation Scale

Performs this counselling task with outstanding quality, initiative and adaptability, and can teach others to perform this task.	6
Performs this counselling task with more than acceptable quality and with initiative and adaptability to special problem situations.	5
Performs this counselling task with more than acceptable quality and does not require direct supervision.	4
Performs this counselling task well, usually without assistance and/or supervision.	3
Performs this counselling task satisfactorily requiring only periodic supervision and/or assistance.	2
Can perform this counselling task, but requires considerable supervision and assistance.	1
Is not able to perform this counselling task satisfactorily for participation in a counselling setting.	0

The principles described above certainly do not exhaust all of the possibilities for a counselling interview. However, they do represent an outline by which you can either evaluate your own behaviour in the counselling contact or have others evaluate your performance. Moreover, these principles provide you with an organized way to think about your own help-giving effectiveness. Needless to say, these same principles apply to experienced as well as inexperienced counsellors. If you listen to your own counselling session on tape or observe a session on videotape, then you can use the rating devices to check for behavioural signs of the elements of the counselling interview with a behavioural emphasis.

The following section presents an outline of existential guidelines for the conduct of the initial counselling interview. The contrast between behavioural and existential orientations to the interview is intended to stimulate the reader's examination of his or her own interviewing style and/or preference.

9.0 THE COUNSELLING INTERVIEW WITH AN EXISTENTIAL[1] - DESCRIPTIVE[2] PERSPECTIVE

A Vivum Vadium

Decision-making is a process which is built up from various "materials", most of which I have already mentioned in earlier parts of this book. Certain "materials" such as the wish to decide, the actual decision or moment of choice, commitment, and capacity are provided by the client. Other "materials" such as the frameworks for discussion, clarification, understanding, and learning, as well as relevant information are provided by the counsellor. Counselling wherein the aim is decision-making or problem-solving (and what counselling doesn't have this focus?) is a cooperative activity requiring that both counsellor and client join hands and attempt to decide, act, progress, and finally, to remove the need for counselling. At its best, the existential counselling-client relationship is a *vivum vadium* (L. = a living pledge): a cooperative, concerted effort to improve the lot of the client, by means of the counselling interview and throughout the entire process of counselling whether it be merely a single interview or extended over numerous interviews. The counsellor has the full responsibility for *guiding* the process of counselling in such a fashion that the client is the main beneficiary. Counselling is done for the benefit of the client, not for the counsellor, society, the institution, etc. This perspective may be concisely summed up in the maxim:

Be on the client's side!

It is essential to refrain from taking an adversary position. The counsellor must learn to maintain status through non-competitive ways of being. This means avoiding status contests [I am the strong one, you the weak] and refusing to use one-up-manship ploys. Active involvement on a cooperative concerned basis is needed. Neutrality, indifference or passivity are inappropriate stances for the counsellor who wishes to bring about a positive, significant result for clients. The perspective of this paragraph may be summarized in the maxim:

Be the client's ally!

Clients often underestimate or devalue their own positive strengths. In every way possible, the counsellor should attempt to treat a client as someone who already makes sense, has strengths and abilities (some of which may be already developed - others may be potentials needing development) and as a person of good character. A sincere orientation with these vectors gives the client *status as an authentic person* and is an important step in encouraging the client to see himself or herself the same way and to act accordingly. These remarks may be summarized in a third maxim:

Affirm the client's strengths!

It is imperative that the counsellor point out to the client the sense that he or she does make. An action which has not been successful or appropriate and was based on misunderstanding *makes sense* in the light of the misunderstandings; circumstances may account for otherwise confusing intentions and actions. To show the client that, given factors operating at a given time, what he or she did made sense is to *legitimize*. Legitimizing contrasts with making excuses, giving casual explanations, glibly *telling* the client that he or she makes sense, or devaluing the client. These observations can be summarized in the maxim:

Legitimize the client!

The counsellor should use person-in-charge interpretations. This means seeing the client as someone *already* in control of significant parts of his or her life, as one who is successful in important ways. A client may present himself or herself as a victim in order to avoid responsibility, gain sympathy or in some other way manipulate the counsellor or the situation. Do not fall into this trap by unwittingly agreeing with the client's definition of himself or herself as victim of forces over which he or she has no control. Instead, deal with the specific reasons for client's present dilemma or behaviour. Above all, *treat the client as a person*. Use person concepts familiar in ordinary language such as intentions, reasons, wants, needs, understanding, know-how, barriers, satisfaction and so on. Avoid using *theoretical terminologies* (e.g. neurotic, under-achiever, phobic, etc.); *bureaucratic* terminologies (e.g. case, non-entitled dependent, #47283, etc.) and do not

treat the client merely as a *neuro-physiological entity* (e.g. Dystrophia Adiposogentialis, Juvenile type) or as a *theoretical construct* (e.g. manic-depressive personality type with schizoid tendencies). The arguments above may be summarized in the two maxims:

Challenge the victim ideology!
Treat the client as a person!

In all stages of counselling, focus on what may be put to practical use. This may include personal strengths and limitations, concepts and information, relationship factors which are facilitative in personal or work situations as well as those which are troublesome; and needs and opportunities for learning. This may be stated as the maxim:

Assess what matters!

In talking things over with a client begin with simple explorations and interpretations. Move from the simple to the more complex but not so quickly as to engender confusion. When there are choices between simple and complicated explanations, interpretations, plans and actions, choose the simple. Simple interpretations should not be confused with simplistic interpretations. Simplistic interpretations are those which are based on only a small part of some elaborate matter or are based on the solver's pet opinion and on the details of the problem only in a very limited degree or not at all. $E = mc^2$ is an example of a simple [at least in expression] solution; it certainly is not simplistic. It expresses in elegant, simple form the key insight into an incredibly complex domain of physical factors. The message in this paragraph can be stated in maxim form as:

Begin (and, when possible end)
with simple concepts and interpretations

In grasping the client's situation, try to stick with what is actually happening, what is actually the case. As much as possible, try to assess the particulars of *this* client. Refrain as much as possible from speculations, theoretical explanations, statistical "fitting", stereotyping, comparison with other persons or group, especially when the actual, empirical connections are tenuous, and don't insert your own projections into the client's situation. In other words, adhere to the maxim:

Don't make things up!

Realize that the restrictions on the client from outside sources and the client's own resistances to you may be very stubborn and intractable and may outlast your initial or most obvious recommendation for change or solution. Realize that failure may be your best (only) means to further understand the problem. Be prepared to alter or outright abandon counselling strategies and conceptualization as necessary. Strive to avoid degrading and demoralizing feelings of frustration and inadequacy as a counsellor. An ounce of altering may be worth a ton of frustration. Avoid angry, accusatory, and derogatory stances towards your clients; avoid abdicating your sense of responsibility for client progress all the while remembering that you are probably not God. These remarks may be expressed as:

Don't expect the client to be somebody else!

The counsellor *actively shares* responsibility with the client for progress or resolution. The counsellor has a responsibility to *provide* the client with certain things which are beyond clients' capacity to acquire unassisted. This includes providing help (learning opportunities) for the client to overcome inabilities to act, aiding clients to overcome knowledge deficits as well as deficits in skills and values. In providing for the client, the counsellor can be guided thusly:

a) *Convey information*. Point out and emphasize usage of practical knowledge such as actual and potential abilities, circumstances, values, and ways of being. Illustrate, give examples, model, practice, support, restate, use various modes for learning, e.g. visual, auditory, kinesthetic, as appropriate and different learning activities, e.g. discussion, role-playing, coaching, simulation, real practice, book-study, writing, drawing, etc., so that clients may gain a fuller understanding, insight or ability to perform or carry out actions rather than *merely* talking.

b) *Clarify concepts*. It is important that a client get his or her own, real understanding of a concept, procedure, performance or issue rather than merely taking yours or others word for it. Introduce and use distinctions and practices which the client can "see" and which are personally useful for this client. Use

simple, common language, illustrate, demonstrate, model, role-play, refer to the familiar, show how some insight-gained, some concept introduced, some action practiced, can be put to use out of the counselling situation. Clarify and legitimize misperceptions and mistakes in thinking or errors of action based on lack of information, inadequate concepts, unworkable values. Only by having mistakes legitimized can corrections be made and clients can see (and admit) where they are going wrong.

c) *Use what is important to the client.* Try to understand and assess the client's main wants, motivations, values and then present what he or she needs to see or do in order to take into account (rather than contradict or devalue) what counts to the client. Values and motivations are slow to change in most instances - if indeed they change at all. Motivational change is much more likely to be brought about by appealing to what *already* matters to them rather than coming about as a result of significant changes in values or motivation.

These rather lengthy remarks can be condensed into one word as a maxim for the counsellor:

Provide!

Emotional feelings are quite important in the counselling process, but not necessarily in the way which some counsellors assume. It is, of course, of paramount importance that the counsellor be able to recognize (and demonstrate that recognition), the emotional feelings which a client is experiencing. That is why a great deal of emphasis is placed on the practice of empathy in earlier sections of this book. However, it is essential that the counsellor try to assist the client to deal with the reality basis of emotions. Fear and anxiety, for example, are always fear *of* something and anxiety *about* something. They arise only when in relation to perceived real-world threat or danger. Similarly, anger arises in relation to provocation and guilt to wrong-doing. The crucial role for the counsellor then (assuming that empathy exists) is to assist the client to deal *constructively with the circumstances generating the emotion.* While a certain relief is gained from expressing an emotion (resentment, for example) it really is the altering of circumstances or reality basis (rela-

tionships, ideas, policies, etc.) out of which emotions are generated that counts. The maxim for summarizing these ideas is:

Deal with the reality basis of emotions.

The process of counselling should be clearly distinguished from the process of controlling. A counsellor enables; a guard controls. Every form of coercion stimulates resistance. A resistant client perceives the counsellor as controlling and coercive. Client resistance (and counsellor coercion) undermines client-counsellor cooperation and nearly always interferes with ordinary means of making progress. When a client exhibits resistance, review what you are doing or saying which could be perceived as coercive. It is up to the counsellor to convert his or her own coercive messages into non-coercive forms. If intentions are unacceptable to the client, switch to activity descriptions (which usually do not include intentions). Negotiate differences of opinion, taking care not to use your high status position as a counsellor as an "unfair" level. Identifying contradictory intentions (between counsellor and client) and then *negotiate*. These statements can be condensed into the maxim:

Avoid coercion!

Finally, it is important to note that it is usually a mistake to stir up (invent problems) in areas of a client's life which are presently appropriate and functional. I can take the words of the mechanic at the garage where I have my car serviced as the final maxim:

If it works, don't fix it!

Having laid out two sets of guidelines for directing the counsellor's attention to certain key principles in the conduct of the interview, I will now present a series of counselling interventions which can be useful to the counsellor in a decision-making counselling process. While the interventions can be used in any problem-solving or decision-making situation, I have biased them slightly in favour of employment counselling, or at least in favour of career and vocational counselling. The interventions I have chosen do not exhaust the list of counselling interventions which have been devised in recent years, especially by counsellors, who are either, behavioural or cognitive in orientation, or both.

10.0 DECISION COUNSELLING INTERVENTIONS

In this section I will present thirteen key counselling interventions which can be used in decision-making or problem-solving counselling situations. I have selected employment counselling as an example. I further assume that employment counselling is conventionally divided into four phases:

1	2	3	4
Initial Phase: establish working relationship by use of pre-counselling skill.	*Assessment Phases*: mainly to determine job readiness and potential of client.	*Decision-Making Problem-Solving Phase.*	*Implementation, Evaluation, Termination Phase.*

The term "phase" or "stage" seems to imply that decision-counselling must proceed in a neat, logical step-wise fashion. The use of these terms is for the purpose of rationally "outlining" or communicating certain concepts.

In actual counselling practice, an individual will frequently overlap his or her steps (for example, beginning to think of solutions before the problem is defined); he or she will *backtrack to earlier stages or phases* (for example, new information will often make it necessary to back-up and clarify some aspect of the problem or decision which has been overlooked); some stages may even be *skipped* altogether; and sometimes several stages may be accomplished *simultaneously*.

As already indicated, I am focussing on Phase 3. This "phase" may be accomplished within a single interview or may take place over several interviews. The interventions which are presented in the following pages are meant to be

especially applicable to decision-making within employment counselling. Of course, it is evident that the interventions also apply to other counselling situations which focus on decision-making or problem-solving, such as vocational counselling, marriage counselling, life-style counselling and so on.

There are at least twenty-one models of decision-making/problem-solving which can be identified as separate approaches even though there is considerable overlap between some of them. Further, I have counted over one-hundred different counselling interventions which are described as appropriate to counselling from a problem-solving/decision-making perspective. Therefore, I am selecting a short list of those interventions which seem to me to be crucial, especially for short-term counselling as is the case of employment counselling.

Those interventions which are well known to most counsellors (for example, paraphrasing), I will simply list by name. Those which are less well-known, or more specialized, I will define, explain and give references for more details. Please bear in mind that I am assuming that all interventions should be useable in the employment counselling interview; and, that they should be at a sufficiently low level of conceptual and procedural complexity that they can be learned in a relatively short training period. Finally, certain interventions are likely to be useful in all phases of an interview, even in all types of interview (here I am thinking of *prompting* as an example) while other interventions are phase-specific (for example, contracting).

As a rational method of presenting the counselling interventions, I have referenced them to seven guiding questions for the counsellor, for example: Is the client ready for problem-solving? These questions are meant to articulate with the *Conflict Model* of decision-making described earlier. The guiding questions and associated counselling interventions are identified in the following table.

TABLE II Decision-Making and Counselling Interventions

	Guiding Questions for the Counsellor	*Counselling Interventions*
1.	Is the client ready for problem-solving?	Listening/paraphrasing Prompting/fading Reinforcing
2.	Can the client define the problem as one of choice?	Listening/paraphrasing Socratic dialogue Modeling Cognitive restructuring
3.	Have all alternatives known to both client and counsellor been identified?	Listening/paraphrasing Checklist
4.	Have the Pros and Cons of each alternative been identified?	Listening/paraphrasing Balance Sheet Method
5.	Has the client chosen the most promising alternative and have the advantages and disadvantages of this alternative been identified and discussed?	Listening/paraphrasing Confrontation Balance Sheet Method Force Field Analysis
6.	Has the client developed a plan?	Listening/paraphrasing Confrontation Reinforcing Contracting
7.	Have steps been taken to maintain client commitment?	Modeling Reinforcing Follow-up Cognitive restructuring Stress innoculation Telephone prompts

Question 1. *Is the client ready for problem-solving*? "Ready" implies three mini-questions: Has the necessary *client appraisal information* been obtained? Is the client *emotionally* ready to problem-solve? Is the client displaying an attitude of problem-solving motivation?

The counselling goals at this point are:

a) To *determine readiness* for problem-solving/ decision-making, and

b) To *initiate* problem-solving/decision-making.

Interventions

1. *Paraphrasing.* Empathic listening [paraphrasing] enables three things to occur which are important at this point:

    a) by paraphrasing, the counsellor is able to determine if the client is expressing an attitude of problem-solving;

    b) by listening, the counsellor enables an *extinction* of high affective arousal (emotion) to occur, thus placing the client in a better frame of mind for rational problem-solving, and

    c) through the listening paraphrase, the counsellor is able to confirm and demonstrate an understanding of the client's situation to the client, thus forming a basis for *mutual participation* in problem-solving. This intervention is crucial in all phases of problem-solving. Practical reference: empathic listening section of this book.

2. *Prompting (and Fading).* Prompts are statements which direct clients to the tasks at hand. ["Yes, Mr. Smith, I know it's difficult for you to come all this way for an interview. Perhaps we can make the best use of counselling time by looking at your test scores]. *Fading* refers to gradually eliminating prompts or cues so that the client is responding to 'natural' cues in the counselling process and is encouraged to a higher degree of self-management. Research and practical reference:

    Karoly, Paul. Operant Methods. In Kanger, F. and Goldstein, A. *Helping People Change* (Eds.), New York: Pergamon Press, Inc., 1975, 210-212.

3. *Reinforcing.* Technically, a reinforcement stimulus [in employment counselling, usually a verbal statement] increases the likelihood that a behaviour will occur again.

    a) *Specific reinforcers* are directed at specific behaviours. Examples:

        i. Thank you for waiting, I needed that five minutes to prepare the materials we will need. [reinforcer directed at waiting].

        ii. That is a very complete list you made out, that should help a lot. [reinforcer directed at list making].

iii. Your suggestion that we consider alternative two seems like a good one. [reinforcer directed at suggesting].

b) *Global reinforcers* are non-contingent–they do not (and should not) connect to any specific behaviours. They are best used outside of the focussed counselling process such as during the warming up period of counselling or after the tasks are finished. Examples:
   i. Well Mr. Jones, you are looking well today.
   ii. I'm really impressed by your attitude.

c) *Non-verbal reinforcers* are subtle counsellor-behaviours which increase the client's attention and persistence to the task. Examples include looking at the client, smiling, nodding head, using inclusive gestures, leaning toward the client, etc.

Reference: Shapiro, D. *Precision Nirvona*, N.J.: Prentice-Hall, 1978, 96-115.

Question 2. *Can the client define or recognize the problem as one of decision (choice)?*

The counselling goal at this point is to *confirm* that the client perceives:

a) that the problem is (at least partly) one of personal decision or choice, and

b) the need for personal *ownership* of responsibility to work for solution/decision.

Interventions

1. *Paraphrasing.*

2. *Socratic dialoging.* This intervention consists of asking a person to state how he or she feels, believes and behaves with regard to a particular topic, in this instance making a decision. The procedure is designed to cause individuals to display more consistently in their beliefs, to determine whether they are willing to assume responsibility for making an effort rather than impute responsibility for their predicament to "society" or "bad luck", etc. The procedure includes asking questions, using paraphrasing, using mild challenge, and requesting clarification. The reference for this intervention is:

McGuire, W.J. Cognitive consistency and attitude change. *Journal of Abnormal and Social Psychology*. 1960, 60, 345-353.

3. *Modeling*. Modeling is a procedure by which one person can learn through watching or listening to the performance of another. Models can be live, symbolic or imaginative (covert). Examples of live models are peer, teacher, friend, counsellor, or supervisor. Symbolic models take the form of written materials, films, audio or video tapes, slides or photographs. Imaginative (covert) models are constructed in fantasy by having the client imagine someone skillfully performing goal behaviours and learning from observing the fantasy scenario.

Successful modeling procedures in counselling regardless of whether live, symbolic, or imaginative, usually exhibit four common elements:

1. *Verbal Set*. This means explaining to the client what you intend to do, how you plan to go about it, what the intended benefits are to the client and ascertaining the client's willingness to participate in modelling. For example, the counsellor says to his or her client, "Well, I want you to watch this short film with me about how an employee can approach a supervisor with a work-related grievance. Notice what the employee says, how he speaks, and how he looks in the film. Since this is a similar problem to the one you seem to have trouble with perhaps after watching the film, we can practice stating a grievance and in this way you can learn how to be more effective in stating your complaints."
2. *Modeling of goal behaviours*. Regardless of whether the counsellor chooses to use himself or herself as model, or show the client a film, or guide the client in imaginative modelling, the client must have the opportunity to *observe* desirable target behaviours.
3. *Rehearsal of goal behaviours*. A client who makes a poor impression on hiring agents may wish to become more effective as a job applicant in the interview situation. The client should have an opportunity to rehearse (both in fantasy, and through role-play) the behaviours in question. Rehearsal provides the counsellor with an opportunity to "coach" the client and to give appropriate feedback on in-interview performance.

4. *Homework (transfer of training)*: Beyond watching a model of the desired behaviour and practicing the behaviour in question, then the client should be given "homework" which will promote practice in the "back-home" or real environment.

Research on modelling suggests several considerations for the counsellor to keep in mind. First a model who is similar *to the client* in such characteristics as age, sex, social class membership, race and ethnic background is more likely to influence the client than a model dissimilar in one or several of these such characteristics.

What is called a *coping* model is generally better than a mastery model in its effects upon the client. A mastery model is one appearing to model the goal behaviours in a flawless, perfect fashion. A coping model is one which shows some fear and hesitancy and who makes some errors and seems to show a degree of "struggle" in performing the behaviours in question. A model who shows handicaps similar to the clients yet who "overcomes" or is in the end successful seems to be the best type of model for many people to imitate.

Repeated demonstrations of the same behaviour is often necessary. This may be done by the same model being displayed several times or by using multiple models to demonstrate the same behaviour. Multiple models, especially, give many more clues to the observer than the use of a single model.

Reference: Cormier, W.J., and L.S. Cormier. *Interviewing Strategies for Helpers: A Guide to Assessment, Treatment and Evaluation*. Belmont, California: Brooks/Cole Pub. Co., 1979, 261-276.

Cognitive Restructuring

Briefly stated, *cognitive restructuring* refers to procedures which enable a client to exchange thoughts and beliefs (cognitions), especially about himself or herself, which are negative, self-defeating or defective in some way for thoughts and beliefs which are positive, self reinforcing and effective. Cognitive restructuring is, in large part, a method derived from Albert Ellis (discussed earlier) and from behavioural counselling research. For a discussion of cognitive approaches in

counselling see my earlier discussion under the heading "Adults: Their Misconceptions and How They Change".

As a counselling technique cognitive restructuring has six main elements:

1. *Verbal Set*. Explanation of procedure and benefits to client.
2. *Identification of negative* thoughts which occur in the problem context.
3. *Identification and practice of positive*, coping thoughts.
4. *Shifting* from negative to positive thoughts, usually by demonstration and role play practice.
5. *Practice of reinforcing statements*.
6. *Homework*/follow-up.

Example of cognitive restructuring elements in a counselling dialogue

1. *Counsellor*: Hi Susan, it's good to see you, how are things going for you in your course [Susan is in a job readiness course in Life-Skills, especially to try to overcome fear of speaking in front of people].

   Susan: Pretty good. I tried to practice speaking up and I even role-played once. I'm still up tight, though, here is my journal [The journal is homework in which Susan is asked by the counsellor to keep track of how she is getting along in her social skill practices.]

2. [In this second response, the counsellor reinforces Susan for bringing her journal; he also reiterates how Susan's negative thoughts are self-defeating; and gives a verbal set for *cognitive restructuring*.]

   Counsellor: Say, this [Journal] looks pretty good. You're doing quite a bit of practice–that's great. Yes, here you've written that you don't do yourself any good when you say to yourself, "I know I'm going to sound stupid." Sounds like you're beginning to see how saying negative things partly causes your nervousness about speaking. That's a good insight. Maybe today we can work some

more on locating coping–that is, positive-thoughts to put in place of the negative. Are you up to this?

Susan: Yeah, but I'm not sure what you mean by "coping".

3. [In this third response, the counsellor explains what he means by "coping thoughts" and gives examples.]

   Counsellor: Here's what I mean by coping thoughts. When I go ask my boss for a raise, I could say to myself: "Well, he's probably going to say no." Now that would be a negative thought. So instead I say to myself: "Well, Bill you've really worked hard this year and you've contributed a lot to the way this office runs, so I think its really worth while asking for more salary. I may or may not get it but I'm sure I've been doing a really good job." Now when I say something–as though things are going to turn out all right for me–I call this coping in my thoughts with the situation.

   Susan: But what happens if it doesn't turn out all right–surely it doesn't pretty often.

   Counsellor: Sure, I don't always get things the way I want them. What I find though, is that I feel more like trying, and I'm not so defeated when things don't go right if I tell myself positive thoughts about myself. Like, last night I was baking a cake for my little boy's birthday. Well, I've never baked a cake before, but I just said "Bill, you don't know a lot about this but you know, you're doing a pretty good job". It may not have been the best cake in the world but I got it made and felt kind of pleased with myself.

–later in the interview–

Counsellor: Susan let's take one thing at a time, what ideas do you have about positive ideas you could practice *before* going to class?

Susan: Well, I could say to myself: "Susan you've read the book for today, you're really feeling interested, today you might speak up during discussion. [Susan has identified a positive thought with these parts].

Counsellor: Ok, let's practice. You say those ideas out loud just as you would think them at home.

Susan: "Susan . . ."

Counsellor: That sounded pretty good to me. How did it feel to you, saying that?

Susan: Well, I felt a little silly but you know, that's the way I'd like to think about myself so I guess it's worth practicing.

[In the exchange above, the counsellor has prompted Susan to identify a positive thought to have before class, to practice it once in the interview, and has reinforced her for doing it.]

Next, the counsellor should help Susan identify and practice self-positive thoughts to repeat to herself *during* the class and *after* class.

–later in the interview -

[In the following response, the counsellor *models* for Susan how to *shift* from negative to positive thought while in class, he uses role-play to demonstrate how he would do the shift.]

Counsellor: Susan, I'm going to imagine I'm you sitting in class and I want to show how to shift from the negative to the positive. "Ok, I'm just sitting here listening to the instructor ask questions and I'm afraid he'll ask me next so I look down at the floor. I'm sure I'd have a dumb answer if he asked me–I'm no good at class discussion. I'm really sweating and nervous. Now wait a minute. I really studied the material for today and I even practiced in my head like Mr. J. told me to. So I feel nervous–I'll just concentrate on the fact that I *do* know the answer and I *can* say what it is. Yeah, I'll stay with my coping thought and stop giving in to my negative thoughts. Besides, If I don't quite get it right, the world won't stop, so here goes."

Susan: Yeah, you've got it right–that's just the way it is for me.

Counsellor: Ok, Susan, now its your turn to role-play a shift.

At this point the counsellor coaches Susan on the role-play. Client practice of shifts from negative to positive cognitions via role-play rehearsal entails four steps:

1. The client imagines the problem-situation and vicariously carries out his or her part in the situation via role-play.

2. The counsellor coaches the client to notice any negative or self-defeating thoughts which arise during the role-play and to signal those either verbally or by hand-signal.
3. Next, the client is asked to deliberately stop the negative thoughts.
4. Finally, the counsellor coaches the client to put a coping thought in place of the stopped negative thought. Often it is helpful for the client to verbalize coping thoughts rather than simply thinking them (covertly). This permits the counsellor to reinforce both the clients *effort* and *performance*.

Finally, as the client practices and reports coping thoughts used in real life situations, the counsellor should coach the client in making positive (reinforcing) self-statements such as:

"Gee, I did that Ok."

"Hey, I'm not so bad."

"I was able to keep control of myself."

"I really like how I'm going about this."

"I made some progress and that *really* feels good."

"I'm really surprising myself on this job–I like it."

Reinforcing self-statements should first be modeled by the counsellor; then vicariously practiced by the client under counsellor's coaching, then practiced in real life situations (as homework) and finally, discussed after practice by counsellor and client.

Research and practical reference:

Cormier, W. and L.S. Cormier. *Interviewing Strategies for Helpers*. Belmont, California: Brooks/Cole Publishing Co., 1979, 360-374.

Question 3. *Have all alternatives known to both client and counsellor been identified?*

The counselling goal is to assist client in *identifying all possible* alternatives, decisions or solutions for the problem at hand.

Interventions

So far as I know, there are numerous suggestions on how to stimulate clients to generate alternatives but no well-researched, clearly superior interventions. I offer the following counsellor checklist for guiding client and counsellor in generating alternatives.

A 10-STEP CHECKLIST FOR GENERATING ALTERNATIVES IN THE COUNSELLING INTERVIEW–PEAVY / 1979

1. Reinforce motivation to generate alternatives by stressing that the client has the potential to identify alternatives.
2. Rule out criticism of initial alternatives, concentrate on building a list first, then evaluate.
3. Reinforce both alternatives suggested by client and *efforts* to produce alternatives.
4. Quantity of suggestions is sought, even far-fetched alternatives.
5. Use personal analogy. This involves a) imagining oneself to be the problem object [i.e., "I am my 'stubbornness'] and then asking "What would cause me to change?"
6. Identify external sources of alternatives beyond the counsellor-client dyad and coach the client to consult them and report findings. [Peers, postings, books, films, newspapers, classes, family, etc.].
7. Model alternative-generating behaviour; the counsellor should always make it clear that what he or she is modeling is how it *might* be done–not how *it must* be done. The modeling can take the form of a role-play.
8. Suggest alternatives from own experience or from knowledge of what other clients have done. Again it is essential that this procedure be carefully presented as what *might* be done not what should or must be done.
9. Diagram the problem and alternatives. Certain clients are stimulated in their thinking and motivated to "figure-out" solutions when they are encouraged to draw a diagram of their problem-situation (or when the counsellor works out a diagram), (or when they jointly produce a diagram).
10. *Explore* the consequences of *not* finding alternatives.

Question 4. *Have the pros and cons of each alternative been identified and listed?*

The counselling goal is to *evaluate* alternative solutions or decisions.

Interventions

One intervention which, in modified form, is potentially useful for evaluating alternatives in the employment counselling interview is the Balance Sheet Method proposed by Janis and Mann, *Decision-Making: A Psychological Analyses of Conflict Choice and Commitment*. New York: MacMillan Free Press, 1977. A suggested modification of their procedure follows:

GUIDE TO EVALUATING ALTERNATIVES (Balance Sheeting)

ANTICIPATED CONSEQUENCES	ALTERNATIVE 1		ALTERNATIVE 2		ALTERNATIVE 3	
	+	−	+	−	+	−
A. *Utility gains/losses for myself.*						
1. Income						
2. Interest value of work.						
3. Convenience to home						
4. etc.						
B. *Utility gains/losses for others close to me.*						
1. Wife could reduce work.						
2. Son could continue going to school.						
3. etc.						
C. *Self-esteem.*						
1. See myself as good provider.						
2. Able to do "important" work.						
3. Self-image as team worker.						
4. etc.						
D. *Social approval.*						
1. From spouse.						
2. From friends.						
3. From peers.						
4. From employer.						
5. etc.						

This "guide" can be used to *evaluate* alternatives, to *determine* possible sources of negative feedback, and generally to stimulate a client to think about consequences of specific plans of action. It can be administered by the counsellor, filled-out by the client or simply used as a guide in discussing alternatives.

Question 5. *Has the client chosen the most promissing alternative, and have the advantages and disadvantages of this alternative been clearly identified?*

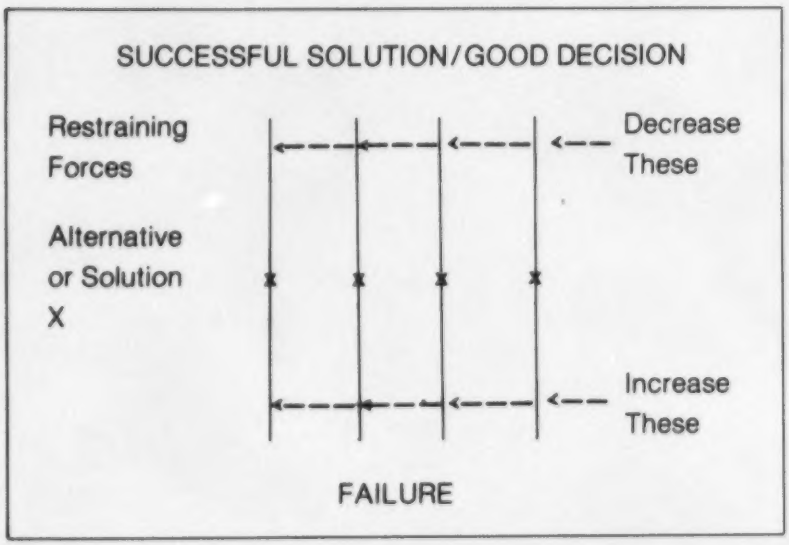
The counselling goal is to assist the client to:

a) identify a probable *"best" solution* / decision, and

b) *review the pros and cons* for that decision.

Interventions

1. Balance sheet described previously.
2. Another intervention to assist the client the most promising alternative is the Force-Field Analyses, a procedure which can be diagrammed as follows:



3. *Confrontation.* It is very important that a client be coaxed to critically examine and evaluate whatever options have been identified. To encourage a realistic appraisal, it is often necessary to [gently] confront the client with discrepancies in his or her appraisal.

A three-stage model of confrontation follows:

1. *Reflection.* Step one is a paraphrase of the client's perceptions (opinion, thought, etc.), to show that you accurately understand his or her position.
2. *Experiential Statement.* Step two requires that the counsellor take the initiative away from the client by telling the client how he/she (the counsellor) perceives the client's opinions, behaviours, etc., to appear discrepant.
3. *Open-ended Questions.* In the third step, the counsellor gives the initiative back to the client, who can accept or reject the confrontation. The open-ended question is designed to elicit a problem-solving attitude from the client.

Example:

Counsellor:	Mr. Smith, if I understand you correctly, you say that you absolutely must get a new job which pays you more? [paraphrases]
Mr. Smith:	That's right. [confirms]
Counsellor:	Well Mr. Smith, on the one hand you say you must get a higher-paying job and at the same time you've stressed that you are not interested in upgrading yourself in order to get a better job. It seems to me that your goal and your basic position contradict each other. [States the discrepancy]. What do you think about what I've just said? [Asks open-ended question, giving initiative back to client and prompting a problem-solving attitude].

Sources of confrontation include:

Berenson, B.G. and Mitefill, D. *Confrontation: For Better or Worse!* Amburst, Mass., Human Resources Development Press, Inc., 1974.

Garner, H. The Confrontation Problem-Solving Technique: Applicability to Adlerian Psychotherapy. *Journal of Individual Psychology*, 1972, *28*, 248-259.

Peavy, R.V. *Adults Helping Adults*. University of Victoria, 1977, 48-52.

Question 6. *Has the client developed a plan (with contingencies for both success and failure) for translating the decision into action?*

The counselling goal at this point is to assist the client in *developing a plan* for acting on decision or implementing a solution.

Interventions

1. *Paraphrasing* (to clarify)
2. *Reinforcing* (to motivate)
3. *Confronting* (to test commitment)
4. *Formulating a contract*. Within the context of counselling, contracts generally emphasize the positive results of achieving a goal. Contracts are used to:

a) initiate client action,
b) establish criteria for success,
c) establish reciprocal commitment between counsellor and client,
d) clarify the consequences, both positive and negative of working toward, and achieving, a goal,
e) provide a record of agreement, and
f) provide guidelines for carrying out a plan.

Contracts can be as simple as a verbal agreement or as complicated as a several page written contract which stipulates the details of positive reinforcers, contingencies, criteria, increments, etc. One source of contracting is:

Kanfer, F. Self-management methods. In Kanfer, F. and Goldstein, A., *Helping People Change*. New York: Pergamon Press, 1975, 320-326.

Question 7. *Is there a procedure for report-back and for trying to maintain client commitment even in the face of stress and negative feedback?*

The counselling goals at this point are:

a) *establishing a follow-up procedure* so that action can be reported, evaluated, supported, or modified, and
b) *identifying reinforcers* for maintaining section.

Interventions

1. *Modeling*. (Explained on pages 224–226).

2. *Reinforcing.*
3. *Telephone prompts*, checking on status of client through telephone call.
4. *Cognitive restructuring.*
5. *Stress-inoculation.* Stress (emotional) inoculation refers to methods of teaching physical and cognitive coping skills to clients who are operating in stress-producing circumstances. A good example of this in the context of employment counselling is the person who is referred to a job interview believing that there is considerable chance that he or she will not be hired.

Stress inoculation is comprised of three main elements:

1. educating the client about stressful reactions,
2. coaching the client to practice various cognitive and/or physical coping skills, and
3. aiding the client to apply coping skills to stressful situations.

The general strategy for stress inoculation usually entails six steps.

1. Presenting the client with a *verbal set* [the counsellor explains the purpose of stress inoculation].
2. Educating client about stress and related reactions:
   a) clarify the client's particular reaction(s).
   b) explain typical phases of stress reactions.
   c) describe various coping skills.
   d) emphasize importance of client input in developing coping reactions.
3. Counsellor coaches in the identification and practice of direct-action coping skills usually with the following sub-steps:
   a) organize factual information about stressful situation.
   b) Identify "escape" routes–that is alternative ways of de-escalating stress of situation (such as humour, leaving a situation, breathing deeply, etc.)

c) Demonstrating mental relaxation procedures including attention-diversion and imagery-imagination.

d) Demonstrate physical relaxation procedures including muscle relaxation and breathing techniques.

e) Counsellor coaches client in selection of stress inoculation strategy which seems suitable for *this* client in *this* situation.

4. Counsellor coaches the client in the practice of coping skills which have been selected using role-play.

5. Counsellor and client decide on the best way to use stress inoculating coping skills in real-life situations. This can be considered a home-work step (transfer of training) as the counsellor first instructs the client on *how* to apply the coping skills in vivo and, second, arranges for a follow-up discussion and further practice as may be needed.

Research and practical reference: Cormier and Cormier, *Interviewing Strategies for Helpers*, op. cit.

6. Counter-acting defective coping patterns. A skilled counsellor is usually able to assess the client's expectations about the risks in the decision under consideration as well as estimating the level of client enthusiasm or commitment to the decision. In other words, the counsellor should be able to make a respectable guess about the client's dominant coping patterns with reference to the decision (solution) as well as the plan of action. This appraisal allows the counsellor to make one of four prescriptive hypotheses and execute interventions designed to counteract defective decision-making behaviour patterns.[1]

1. If the counsellor's assessment is that the client perceives no serious risks in staying with the status quo and surmises that his or her perception is detrimental for the client, then the counsellor can attempt to prevent this unconflicted adherence to the status quo.

The counsellor can ask questions about potential significance of any negative feedback the client has already received. The counsellor can present further objective evidence and can encourage the client to check with other expert advice.

2. On the other hand, if the counsellor assesses that the client *too* quickly and unconcernedly adopts an alternative course of action (or decides) and concludes that this quick and unexamined change is unrealistic, then the counsellor can attempt to intervene and prevent *unconflicted change.* Again the counsellor can question the client about the possible losses which could result from this plan of action, induce the client to get more information, and suggest the need for finding yet other courses of action.

3. If the counsellor hypothesizes that the client is in a state of *un-reconciled conflict* and is likely, therefore, to use defensive avoidance (such as rationalizations, excuses, counter-arguments, ploys for pity, etc.); then the counsellor can intervene in an effort to reduce the use of defensive avoidance by such tactics as:
    a) encourage the client to talk the situation over with respected peers,
    b) suggest new and useful information such as pamphlets, books, or other resources,
    c) use role-playing to explore the conflict in an imaginary scenario,
    d) reinforcing all reasons which will support the client's hope,
    e) provide *additional counselling* time to clarify and reinforce the positive elements of the best alternative plan,
    f) directly countering rationalizations which the client may present. This can be done by use of confrontation (described earlier) of the client with counsellor perceived rationalizations or by developing a list of the rationalizations used by the client and then systematically presenting them to him or her in a careful listening and deliberate examination mode. The counsellor can also describe other rationalizations

which other clients have used in similar situations and ask the client such questions as:

i Have you ever used this excuse?

ii Has this excuse ever occurred to you?

iii Do you think, deep down, you might possibly be inclined to use this as a valid reason or argument for not _____?

iv Have you ever heard anyone else use this excuse?

Of course, such a procedure as the one outlined above can only be done effectively when the counsellor has established a relationship of respect with the client, so that the counsellor is sure to be acting out of genuine care for the client. The over-all purpose of this procedure is to *reduce* the client's tendency to bolster avoidance behaviours. If the client does not perceive the counsellor as having his or her genuine best interest at heart, then any confrontation procedure is likely to harden the client's defensiveness. All tactics which the counsellor uses to help the client *maintain* a plan of action can be guided by these principles:

a) Call the client's attention to not only the positive consequences of a particular course of action but also to potential losses or *risks*. A client will frequently discount or *forget* negative considerations in order to bolster his or her chosen course of action. The counsellor should firmly but gently present his or her own views about risks and provide whatever objective information which is available.

b) Encourage the client to work out ways of gaining emotional support and realistic reassurance in the face of negative feedback. The counsellor can remind and reinforce the client's personal assets, and remind the client of potential supporting resources such as spouse, peers, priest, etc.

c) Supplement the client's attempt to arrive at support and reassurance by supplying him or her with supplementary information and suggestions about how setbacks and negative feedback can be effectively met or their effects at least mitigated (for example, letting the client know that emergency counselling is available if needed; or other expert opinion can be sought if that becomes necessary).

The procedures outlined above are all designed to present the client with a blueprint of the stresses, possible set-backs and risks (as well as the positive elements) which result from taking a particular course of action as well as coping tactics available to the client; the information which can be used–all of which constitutes a preparatory message to help the client build a basic attitude of hope and specific beliefs together with information which will have a supportive and motivating effect during times of stress, during the action implementation stage of problem-solving and decision-making.

11.0 REFERENCES AND END NOTES

References and End Notes on Section 2.2: *AN IDEOLOGY OF COUNSELLING*

[1]Halmos, P. *Faith of the Counsellors*. London: Constable and Co., 1959.

[2]Halmos, P. The personal and the political. *Proceedings: 6th International Roundtable for the Advancement of Counselling*, Cambridge, U.K., 1974, 11-18.

[3]Peavy, R.V. *Adult Counselling as an Essential Element in Continuing and Community Education*, Mimeo, Victoria, B.C., 1976.

[4]Wallis, J.H. *Personal Counselling*. London: George Allen & Unwin, 1974, 1-31.

[5]Mournier, E. *Personalism* (trans. by P. Mairet). London: Routledge, Kegan Paul, 1950/1952.

[6]Peavy, R.V. The Personalistic Basis of Counselling. Mimeo, 1981, 12p.

References and End Notes on Section 2.3: *NOTES ON COUNSELLING AND ETHICS*

[1]"Para"-professional counsellor refers to an individual who has had training as a helper and/or who performs helping functions but who has not been certified by a professional organization. Needless to say the same ethical principles apply to professional counsellors. As stated above, professional organizations usually have extensive codes of ethics covering practical and research activities.

There is, of course, the further issue of whether or not *any* counsellor is a professional–whether or not *counselling* is a profession. While I certainly cannot settle this much-debated question, I do believe that a fairly good case can be made that counsellors *do* constitute a profession, at least in the sense that counselling is a "calling requiring specialized knowledge, intensive preparation of methods and skills as well as instruction in the scientific, historical and scholarly principles underlying such skills and methods, maintaining by force

of organization and conduct and commiting its members to continuing education and study and to a kind of work which has as its prime purpose the rendering of a public service." In a number of countries in the world, including Canada, counsellors have established one or several national organizations, publish journals, and conduct training and research programs.

Whether or not this all adds up to "professional" status remains open to discussion.

References and End Notes on Section 3.1: *A FRAMEWORK FOR COUNSELLING ADULTS*

1. Super, D. *Psychology of Careers*, New York: Harper, 1957.
2. Lowe, J. *The Education of Adults: A World Perspective*. Paris: UNESCO Press, 1975.
3. Ironside, D. and D. Jacobs. *Trends in Counselling and Information Services for the Adult Learner*. Toronto: OISE Publications, 1977.
4. Peavy, R.V. *Adult Counselling as an Essential Element in Continuing and Community Education: Brief to the B.C. Provincial Committee on Continuing and Community Education Policy*. Victoria, 1976, 16p.

References and End Notes on Section 3.2: *KNOWLEDGE OF ADULT DEVELOPMENT: SIGNIFICANCE FOR COUNSELLORS*

1. Aires, P. *Centuries of Childhood*, Trans. by R. Baldick, New York: Alfred Knopf, 1962.
2. Gillis, J. *Youth and History*. New York: Academic Press, 1974.
3. Keniston, K. Youth as a life stage. *American Scholar*, 39, 631-654.
4. Neugarten, B., R. Havighurst, and Tobin, S. Personality and Patterns of Aging. In B. Neugarten (Ed.) *Middle Age and Aging: A Reader in Social Psychology*. Chicago: University of Chicago Press, 1968.
5. This material on reactions to stress is adapted from: Knox, A. *Adult Development and Learning*. San Francisco: Jossey-Bass Publishers, 1977, esp. pp 513-550.
6. Kowenthal, M., Thurner, M., Chiriboga, D. and associates. *Four Stages of Life: A comparative Study of Women*

and Men Facing Transitions. San Francisco: Jossey-Bass, 1975.

7. Super, D. *Psychology of Careers*. New York: Harper, 1957.
8. Miller, M. Relationship of Vocational Maturity to Work Values. *Journal of Vocational Behaviour*, 1974, *5*, 367-371.
9. Kreps, J.M. (Ed.) *Women and the American Economy*. New York: Prentice-Hall, 1976.
10. The discussion on major theories of adulthood is adapted from: Schlossberg, N., L. Troll, and Z. Leibowitz. *Perspectives on Counselling Adults: Issues and Skills*. Monterey, Calif.: Brooks/Cole Publishing Company, 1978, Esp. sec. pp. 13-33.
11. Havighurst, R. *Human Development and Education*. New York: Longman, 1953.
12. Erickson, E.H. *Childhood and Society*. New York: W.W. Norton, 1950.
13. Kohlberg, L. Continuities in childhood and adult moral development revisited. In P.B. Baltes, and K.W. Schaie (Eds.), *Life-Span Developmental Psychology: Personality and Socialization*, New York: Academic Press, 1973.
14. Loevinger, J. *Ego Development: Conceptions and Theories*. San Francisco: Jossey-Bass, 1976.
15. Levinson, D. and Associates. *The Seasons of a Man's Life*. New York: Alfred A. Knopf, 1978.
16. Gutmann, D. Female Ego Styles and Generational Conflict. In J. Bardwick, E. Doubon, M. Horner, and D. Gutmann, *Feminine Personality and Conflict*. Monterey, Calif.: Brooks/Cole, 1970.
17. Louventhal, M., Thurner, M., Chiriboga, D., and Associates. *Four Stages of Life: A Comparative Study of Women and Men Facing Transitions*. San Francisco: Jossey-Bass, 1975.
18. Neugarten, B.L. Adaptation and the Life Cycle. *Counselling Psychologist*, 1976, *6*(1), 16-20.

References and End Notes on Section 3.4: *LEWINIAN PRINCIPLES OF ADULT LEARNING*

1. Lewin, K. *Resolving Social Conflicts*. New York: Harper and Row, 1948.

2. Adapted from Lewin, K., and P. Grabbe. Conduct, Knowledge and Acceptance of New Values. *The Journal of Social Issues, 1*, 3, August, 1945.

References and End Notes on Section 3.5: *ADULTS: THEIR MISCONCEPTIONS AND HOW THEY CHANGE*

[1]Raimy's *misconception hypotheses* can be defined:

> "If those ideas or conceptions of a client which are relevant to his goals and/or self image can be changed in the direction of greater accuracy in reference to his social reality, then his learning potential and his practical competencies are likely to be increased." To the extent that this hypothesis has substance, the implications for counsellors are clear. For a full discussion of Raimy's work, see Raimy, V. *Misunderstandings of the Self*. San Francisco: Jossey-Bass, 1975.

[2]DuBois, P. *The Psychic Treatment of Nervous Disorders*. New York: Funk and Wagnalls, 1909.

[3]For a good, recent book by Neo-Adlerians, see Dinkmeyer, D., N.L. Pew and D. Dinkmeyer, Jr. *Adlerian Counselling and Psychotherapy*. Monterey, California: Brooks/Cole Publishing Company, 1979.

[4]Combs, A., and D. Snygg. *Individual Behaviour: A Perceptual Approach to Behaviour*. (Rev. Ed.) New York: Harper, 1959.

[5]Ellis, A. *Humanistic Psychotherapy*: The Rational-Emotive Approach. New York: Julien Press and McGraw-Hill Paperbacks, 1973.

[6]Kelly, G.A. *The Psychology of Personal Constructs*. Vols. 1 and 2. New York: Norton, 1955.

[7]Ellis, A. *Reason and Emotion in Psychotherapy*. New York: Lyle Short, 1962.

[8]Ellis, A. *Humanistic Psychotherapy: The Rational-Emotive Approach*. Julien Press and McGraw-Hill Paperbacks, 1973.

[9]Ellis, A., and Harper, R. *A New Guide to Rational Living*. Englewood Cliffs, N.J.: Prentice-Hall, 1975.

Reference and End Notes on Section 4.0: *EMPATHIC LISTENING: PRELIMINARY THOUGHTS*

1. The literature on empathy (empathic listening) is voluminous. The German philosopher Edmund Husserl (1859-1938) puzzled over the dilemma of how one person can genuinely *know* another. My experience of another

person is different from my experience of an object for in the person *over there* I recognize in him or her a consciousness like my own. We both *experience* the same *world* and my experience of him or her as another includes his or her experience of me as another. But how does that subjectivity (his or her conscious experience) *over there* get over here to mine? Husserl was not able to puzzle his way to a satisfying, solution but we can say that he *vividly* recognized the problem of how one person can achieve an adequate *understanding* of the world of another. He speculated that there is a *special form of union* with the other which he named *Einfülung* (sympathy). In the end Husserl had to admit that it is not possible for one person to comprehend (grasp) another's experience by direct contact–only through analogy or imaginative means.

A more critical study of this problem of gaining entry into the world of another was carried out by Max Scheler (1874-1928) especially in his *The Nature of Sympathy*, New Haven, Conn.: Yale University Press, 1954. Scheler distinguished four associated but different modes of feeling–into others' worlds which we are capable of:

1. First, there is a *shared* personal feeling [Miteinanderfuhlen] such as two parents might *feel together* upon the death of one of their children.

2. Then there is a fellow-feeling [Mitgefuhl] which is to be distinguished from both condescension and identification, and which is the feeling–structure we experience when we reach a deep understanding of another's situation including his or her feelings about it. This is the experience which now is called *empathy*.

3. Superficially similar but essentially different is a third feeling state which we can denote as *emotional infection* and which we experience when *carried away* by mob feeling or by being overwhelmed (sympathetically) with the emotional expressions of another.

4. Finally, there is yet another feeling–into state in which one person is absorbed into the structure of another and loses a firm sense of identity and boundary of self. This happens in romantic infatua-

tion or sometimes when watching an actor in a play, the identification is so strong that one feels that the other has *replaced* one's self.

Perhaps the most penetrating insight which Scheler arrived at was no full knowledge (empathy) of another person is possible unless it is based upon the rudimentary feeling of *being with the other in a common life*. He was not referring to an oceanic feeling of communion but rather to a personal feeling with which we are able to transcend or step around external stimuli and step around our own emotions to know (empathize) the other as a unique, spiritual-historical being. One further insight of Scheler's was his observation that in order to know another, we must *participate* with him or her in the acts of his or her personal world. Only as we replace knowledge of another's externals [size, appearance, test scores, ethnicity, etc.] with personal [felt] knowledge of the other can we achieve *understanding* of what his or her existence is like and how he or she interprets and feels about things. This knowledge through participation Scheler termed *verstehen* which formed the basis for several later schools of psychology.

In 1949, R. Dymond developed a scale for measuring empathic ability [Dymond, R. A Scale for the Measurement of Empathic Ability. *Journal of Consulting Psychology, 13* (April, 1949), 127]. About the same time Carl Rogers defined empathy as sensing the client's private world "as if it were your own, but without ever losing the 'as if' quality [Rogers, C. *On Becoming A Person*, Boston: Houghton-Mifflin Co., 1954]. Both Dymond and Rogers emphasized that in using empathic listening the counsellor does not do exactly (or feel exactly) what the client does, yet the counsellor does make the client aware that the thoughts, feelings and actions which he or she is expressing are *understood* by the counsellor. This is done through imagination with affect, intelligence and sensitivity.

Between Dymond's publication in 1949 and Carkhuff's publication of a second scale for measuring empathy a great deal of research was carried out on empathy. Carkhuff's [Carkhuff, R. *Helping and Human Relations*, Vol. 1: *Selection and Training*. New York: Holt, Rinehart

and Winston, 1969] scale which proposed five levels of empathic understanding spurred on a torrent of studies of empathy in counselling.

In 1978, Hackney [Hackney, H. The evolution of empathy. *Personnel and Guidance Journal*, 57, October, 1978, 20-22] reviewed the concept of empathy and its usage by different groups within the counselling profession. Counsellor educators regard empathy as a trainable skill of being spontaneous to the emotions of another, counsellors tend to regard empathy as a self-disciplinary device they use to restrain their own ego so that the clients world can enter their own awareness, while an epistemologist would be inclined to regard empathy as an event occurring within the individual, not between two people. [I might add that some researchers regard publication of empathy research as a prime method of enhancing their own academic status]. Hackney concluded from his own study that empathy, like love, is a qualitative response to people, a potential possessed by the counsellor that can be inhibited or encouraged.

As I was preparing these notes, I received the March, 1981 issue of the *Journal of Counselling Psychology*. The lead article by G.T. Barrett-Lennard was entitled: *The Empathy Cycle: Refinement of a Nuclear Concept*. Barrett-Lennard writes that he hopes that his article will "help point the way to a more differentiated level of enquiry in an area [empathy] believed of the upmost importance in extending knowledge of intentional helping processes, and more widely to further illuminate the connectional quality of life." (p. 99)

References and End Notes on Section 4.2.2.: *BRACKETING EGO IMPULSES*

[1]The first three concentration exercises are adapted from A.R. Orage. *Psychological Exercises and Essays*. New York: Samuel Weiser, 1974. Orage, who was a student of Gurdjieff and Ouspensky developed, as a result of this study, a number of mental training exercises. I have selected those which are, in my opinion, most beneficial to the student of listening.

[2]This concentration exercise is my own adaptation of a procedure which will be familiar to individuals who have practiced transcendental meditation or some other form of

"sound" yoga. For most trainees it has a very definite quieting effect and is an excellent method for "cutting-off" other factors which vie for one's attention during listening practice. It is a good "warm-up" exercise for training sessions.

[3]This exercise is an adaptation of my own.

[4]I first observed this method being used by Ms. J. Koltai in teaching acting drama students. I subsequently adapted it for counsellor response training.

References and End Notes on Section 4.2.6: *DEVELOPING A FEELING WORD VOCABULARY*

[1]This and the next 25 pages can be easily reproduced as over-head projections to use in a training session. They may be altered as necessary to fit the training needs of students and the context in which they work.

References and End Notes on Section 4.2.16: *OBSERVING CLIENT/COUNSELLOR NON-VERBAL INTERACTIONS*

[1]*The Inventory of Non-verbal Communication* as well as the learning activities ties which follows were adapted with minor alterations from Cormier, W.H., and L.S. Cormier. *Interviewing Strategies For Helpers: A Guide to Assessment, Treatment and Evaluation*. Monterey, Calif.: Brooks/Coles, 1979, 29-48.

References and End Notes on Section 5.0: *LEARNING SKILFUL EXPRESSION IN COUNSELLING*

[1]The material in this section on expression skills in counselling were developed and adapted from:

Guerney, B., Jr. and Associates. *Relationship Enhancement*. San Francisco: Jossey-Bass, 1977.

[2]For a more technical discussion of self-reward, see Cormier, W.H., and L.S. Cormier, pp. 498-517.

References and End Notes on section 6.0: *DECISION: SOME INITIAL REFLECTIONS*

1. The problem with deciding is that we usually have to take the consequences of our decisions. As Dostoevsky [*The Brothers Karamozov*] believed, if God doesn't exist, then everything is permitted. There is no Mother to cling to. We are alone without pitiful excuses. Therefore, we *must* choose *and* assume responsibility for our choices. What a torment!

2. May, R. *Love and Will*. New York: W.W. Norton, 1969, p. 211.
3. See: J. Nemiah. Alexithymia and Psychosomatic Illness. *Journal of Continuing Education and Psychiatry*. October, 1978, pp. 25-38.
4. James, W. *Principles of Psychology*. Greenwich, Conn.: Fawcett, 1963, 365-401.
5. Gardner, J. *Grendel*. New York: Ballantine Books, 1971, 115.
6. Wheelis, A. Will and Psychoanalysis. *Journal of Psychoanalytic Association*, 1956, *4*, 285-303.
7. Bugental, J. Someone needs to worry: The existential anxiety of responsibility and decision. *Journal of Contemporary Psychotherapy*, 1967, *2*, 41-53.

References and End Notes on Section 7.0: *DECISION COUNSELLING, THEORETICAL CONSIDERATIONS*

[1]The term "decision-counselling" is used by Janis, I. and Mann, L. *Decision-making: A psychological analysis of conflict, choice and committment*. New York: The Free Press, 1977, pp. 368.

[2]Carkhuff, R.R. *The art or problem solving*. Amherst, Mass.: Human Resources Development Press, 1973.

[3]Krumboltz, J. & Baker, R. Behavioural counselling for vocational decisions. In H. Borow (Ed.), *Career guidance for a new age*. Boston: Houghton-Mifflin, 1973, pp. 235-284.

[4]Savage, L.J. *The foundations of statistics*. New York: John Wiley, 1954.

[5]Miller, D. & Starr, M. *The structure of human decisions*. Englewood Cliffs,

[6]Abelson, R. Computer simulation of "hot" cognition. In S. Tompkins and S. Messick (Eds.), *Computer Simulation of Personality*. New York: Wiley 1963.

[7]Brehm, J.W. Attitude change from threat to attitudinal freedom. In A.C. Greenwalk, et al (Eds.), *Psychological foundations of attitudes*. New York: Academic Press, 1968.

[8]McGuire, W.J. The nature of attitudes and attitude change. In G. Lindzey and E. Aronson (Eds.), *The handbook of social psychology*. Vol. 3, Reading, Mass.: Addison-Wesley, 1969.

[9]Gorman, B.J. *Attitude therapy for stress disorders*. Calgary, Alberta: Detseling Enterprises Ltd., 1979.

[10]Festinger, L. *A theory of cognitive dissonance*. Evanston, Ill.: Row, Peterson, 1957.

[11]Asch, S.E. *Social psychology*. Englewood Cliffs, N.J.: Prentice-Hall, 1977.

[12]Kiesler, C.A. (Ed.) *The psychology of commitment*. New York: Academic Press, 1971.

[13]Bandura, A. *Social learning theory*. Englewood Cliffs, N.J. Prentice-Hall, 1977.

[14]Mischel, W. *Introduction to personality*, 2nd Edition. New York: Holt, Rinehart, Winston, 1976.

[15]Janis, I., & Mann, L. *Decision-making: A psychological analysis of conflict, choice and commitment*. New York: The Free Press, 1977.

[16]de Charms, R. *Enhancing motivation*. New York: Irvington Publications, Inc., 1976.

[17]Deci, E. *Intrinsic motivation*. New York: Plenum Press, 1975.

[18]Mischel, T. (Ed.) *The self*. London: Basil Blackwell, 1977.

[19]Coan, R. *The optimal personality*. New York: Columbia University Press, 1974.

[20]Duval, S., & Wickland, R. *A theory of objective self-awareness*. New York: Academic Press, 1972.

[21]Turner, R.H. The real self: From institution to impulse. *American Journal of Sociology*, 1976, *81*, 989-1016.

[22]Leff, H. *Experience, environment and human potentials*. New York: Oxford Univesrity Press, 1978.

[23]Horan, J. *Counselling for effective decision-making*. Belmont, Calif.: Wadsworth Publishing Co., 1979.

[24]Krumboltz, J., & Thoresen, C. *Counselling methods*. New York: Holt, Rinehart and Winston, 1976.

[25]Krumboltz, J., & Baker, R. Behavioural Counselling for Vocational Decisions. In H. Borow (Ed.), *Career Guidance for a new age*. Boston: Houghton-Mifflin, 1973.

[26]Thoreson, C., & Mahoney, M. *Behavioural self-control*. New York: Holt, Rinehart and Winston, Inc., 1974.

[27]Kanfer, F., & Goldstein, A. *Helping people change: A textbook of methods*. New York: Pergamon Press, Inc., 1975.

[28]Cormier, W.H., and L.S. Cormier. *Interviewing Strategies For Helpers: A Guide to Assessment, Treatment and Evaluation.* Monterey, Calif.: Brooks/-Cole, 1979.

[29]Janis, I. and Mann. L. Decision-making: *A psychological analysis of conflict, choice and commitment.*

[30]Wheeler and Janis have recently published a non-technical book on practical decision-making which contains mainly self-help suggestions which derive from the conflict model. See: Wheeler, D., and Janis, I. *A Practical Guide for Making Decisions.* New York: The Free Press, 1980.

References and End Notes on Section 9.0: *THE COUNSELLING INTERVIEW WITH AN EXISTENTIAL DESCRIPTIVE PERSPECTIVE*

[1]I have used the word "Existential" for a specific reason: to denote an interview method which tries to deal directly with the real-life stuation (including the interview) of the client; which clearly takes the "person" of the client as a focal point and ultimate value; which assumes actual or potential self-responsibility on the part of the client; and which refuses to further *alienate* the client by treating him or her with customary bureaucratic methods.

[2]The word "Descriptive" refers to a relatively recent method of researching and explaining human behaviour–*Descriptive Psychology*. Descriptive Psychology is largely the invention of Dr. Peter G. Ossorio. A small community of scholars: psychologists, computer scientists, linguists and theologians have begun to make pragmatic applications of Ossorio's model of man and behaviour. I have used the maxims for this paper which Robert Driscoll [Policies for pragmatic psychology] had previously culled from the writings of Peter Ossorio. For a good treatment of Descriptive Psychology, see Davis, K. (Ed.) *Advances in Descriptive Psychology, Vol. I*, 1981 Greenwich, Conn.: AIJAI Press Inc., 1981 Driscoll's article appears in this volume on pp. 273-277. Proponents of Descriptive Psychology do not announce any connections between this formulation and existential theory. This linkage in the title was my own for non-theoretical reasons.

Reference and End Notes on Section 10.0: *DECISION COUNSELLING INTERVENTIONS*

[1]For a full discussion of these procedures, see Janis and Mann, *A Psychological Analysis of Conflict, Choice and Commitment*, 344-404.